Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed) Filer Identification Report Filed By Number Candidate Committee Lobbyist Name of Filing Committee, Candidate or (Mark X) Lobbyist Friends of Grace Crampsie Smith Street Address 1403 Lorain Ave City Bethlehem State Zip Code 18018 Type of Report (Place x under report type) 1-6th Tuesday 2- 2nd Friday 3- 30 Day Post 4- 6th Tuesday 5- 2nd Friday 6-30 Day Post **Pre-Primary** 7- Annual Special 2^{no} Friday Special 30 Day **Pre-Primary Primary** Pre- Election Pre- Election Election Pre-Election Post-Election Date Of Election Year (MM/DD/YYYY) Amendment Termination 2023 Report Report Summary of Receipts and From Date To Date For Office Use Only Expenditures 1/1/2023 12/3/2023 A. Amount Brought Forward From Last Report S 9281.49 **B. Total Monetary Contributions and Receipts** \$ (From Schedule I) 0 C. Total Funds Available 8 (Sum of Lines A and B) 9281.49 D. Total Expenditures 8 (From Schedule III) \$275.00 E. Ending Cash Balance 8 (Subtract Line D from Line C) 9006.49 F. Value of In-Kind Contributions Received S (From Schedule II) 0 G. Unpaid Debts and Obligations S \$1,000.00 (From Schedule IV) Affidavit Section art 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete. vorn to and subscribed before me this Commonwealth of Pennsylvania - Notary Seal IRIS N LINARES - Notary Public Commission expires_ MO. Northampton Coupty My Commission Expires March 13, 2027 <u>umber 1095</u>968 II- If this is a report of a Candidate's Authorized Committee, candidate ar (or affirm) that to the best of my knowledge and belief this political L. 1333. ded. to and subscribed before me this Signaturamonwealth of Pennsylvania - Notary Sea IRIS N LINARES - Notary Public Northampton County mission expire MAG. Comminaton Explana March 13, 2027 Commission Number 1095968

Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identific Number	in the second		Kej	port Filed	st be clear and By Candida	i legible. te	It snow	d be typed) Committee			Lobby	st
Name of Filing Lobbyist	g Committee, i	Candidate or	200 00000000	lark X)								
Street Address	3				ice Crampsie Sm	iith						
City	Bethler	lem .	140:	3 Lorain A	ve State		2007		1			n energia
Type of Report					State	PA		Zip Code	18018			
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Pre-Primary	Pre-Primary	Primary	Pre-	Election	5- 2 nd Friday Pre- Election	6-30 D Election		7- Annual	Special : Pre-Elec			ial 30 Day -Election
Date Of Election												
(MM/DD/YYYY)			Year	г	2023	Amend			Termin	ation		
Summary of Rec	eipts and	From Date		To Dat		Report			Report			
Expenditures				To Date	e			Fo	r Office Us	e Only		
A. Amount Broug	ht Forward E	1/1/2023		1:	2/3/2023							
				9	9281.49	2.00				12		
B. Total Monetary (From Schedule I)	/ Contribution	ns and Receipts	8		0							
C. Total Funds Ava	ailable		8									
(Sum of Lines A an D. Total Expenditu				9	9281.49							
From Schedule III)			8	9	\$275.00							
. Ending Cash Bala			8									
Subtract Line D fro				1 SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SECTION ADDRESS OF THE SECTION ADDRESS OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SE		 Herbital State (1998) 						
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SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number			
1.Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor			
Total for the reporting period	(1)	\$ (0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		8	
All Other Contributions (Part B)		8	0
Total for the reporting period	(2)	8	0
3. Contributions Over § 250.00 (From Part C and Part D)			
ontributions Received from Political Committees (Part C)		8	
Other Contributions (Part D)		8	0
Total for the reporting period	(3)	8	
Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
. Total for the reporting period	(4)	8	
Monetary Contributions and Receipts during this reporting period (Add and ramount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rer Page, Item B)	port	\$	0

Statement of Expenditures

To Whom Paid Bethleher	n NAACP		Date [MM/DD/YYYY]
ouse # 627 Street A			Description of Expenditure
ty Bethlehem	State PA	Zip Sada 18105	Annual Banquet ticket
Whom Paid		Code 18105	Date [MM/DD/YYYY]
100 # 1 100 2 8 A	O'Brien Banquet		5/7/23 Description of Expenditure
53	Lehigh St	Zip	Program Ad
Bethlehem	Pa	Code 18018	000 (MM (00 / MM) 8
Vhom Paid McNeil for F	PA		12/6/23
se # 3163 Street Add	N Front St		Description of Expenditure
Whitehall	State PA	Zip Code 18052	Fundraiser
hom Paid			Date [MM/DD/YYYY] \$
# Street Add	rose		Description of Expenditure
# Street Audi		Zip	
	State	Code	Date IMM/DD/YYYYI \$
om Paid			Date [MM/DD/YYYY] \$
Street Addre	ess		Description of Expenditure
	State	Zip	
		Code	Date [MM/DD/YYYY] \$
n Paid			Date [MIM/DD/1111]
Street Addre	SS		Description of Expenditure
	State	Zip	
	Jaco	Code	
Paid			Date [MM/DD/YYYY] 8
			Description of Expenditure
Street Addres			
	State	Zip Code	
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	oude.	Date [MM/DD/YYYY] 8
id	nie in the same		
Street Address			Description of Expenditure
INTERLAUUTCSS			

SCHEDULE IV

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number: Outstanding Balance of Debt DATE DEBT INCURRED Name of Creditor Grace Crampsie Smith [MM/DD/YYYY] Street Address House # 1403 Lorain Ave \$1,000.00 Zip State 18018 PΑ Code City Bethlehem **Outstanding Balance of Debt** Description of Debt Campaign Loan Name of Creditor DATE DEBT INCURRED [MM/DD/YYYY] Street Address House # Zip State Code City Description of Debt **Outstanding Balance of Debt** Name of Creditor DATE DEBT INCURRED 8 [MM/DD/YYYY] Street Address House # Zip State Code City **Description of Debt Outstanding Balance of Debt** Name of Creditor DATE DEBT INCURRED [MM/DD/YYYY] Street Address House # Zip State Code City Description of Debt Outstanding Balance of Debi Name of Creditor DATE DEBT INCURRED Street Address [MM/DD/YYYY] House # Zip State Code ity escription of Debt Outstanding Balance of I ime of Creditor DATE DEBT INCURRED Street Address [MM/DD/YYYY] use # Zip State Code cription of Debt

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed) Lobbyist Report Filed By Candidate Committee Filer Identification (Mark X) Number Name of Filing Committee, Candidate or Friends of Grace Crampsie Smith Lobbyist Street Address 1403 Lorain Ave Zip Code State 18018 City PΑ Bethlehem Type of Report (Place x under report type) Special 30 Day Special 2^{no} Friday 6-30 Day Post 7- Annual 3- 30 Day Post 4- 6th Tuesday 5- 2nd Friday 1-6th Tuesday 2- 2nd Friday Pre-Election Post-Election Election Pre-Election Pre- Election Pre-Primary Pre-Primary **Primary** Termination Amendment Year Date Of Election Report Report 2023 (MM/DD/YYYY) For Office Use Only From Date To Date Summary of Receipts and **Expenditures** 12/3/2023 1/1/2023 A. Amount Brought Forward From Last Report 9281.49 B. Total Monetary Contributions and Receipts 0 (From Schedule I) 8 C. Total Funds Available 9281.49 (Sum of Lines A and B) D. Total Expenditures \$275.00 (From Schedule III) E. Ending Cash Balance 9006.49 (Subtract Line D from Line C) F. Value of In-Kind Contributions Received 0 (From Schedule II) G. Unpaid Debts and Obligations \$1,000.00 (From Schedule IV) Affidavit Section Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this Signature of Person Subr **Printed** Commonwealth of Pennsylvania - Notary Seal Signature IRIS N LINARES - Notary Public Northampton County Daytime Telephone Number My Commission expires My Compassion Expires March 13, 2027 Commission Number 1095968 Area Code art II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here. swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. mended. worn to and subscribed before me this day of_ Signature of Candidate **Printed Name** Signature Daytime Telephone Number Commission expires Area Code YR. DAY MO.

Commonwealth of Pennsylvania - Campaign Finance Report

Filer Identification Number Name of Filing Committee, Candidate or Lobbyist			his report must be clear and legible. It should be typed) Report Filed By Candidate Committee (Mark X) Grace Crampsie Smith												
Street Addres	8				B Lorain A					<u> </u>					
City	Bethleh	nem		1400	COLAIN	ve e	State	PA		Zip Code	1801	8			
Type of Report			/ne)							<u>L.,</u>		110			
1-6 th Tuesday Pre-Primary		/ 3- 30 D	ay Post	4- 6th Pre- I	Tuesday Election	5- 2 Pre-	e- Election		Day Post on	7- Annual		cial 2 nd Fr -Election	iday	Special Post-El	
			7	F	1	1 1	П	TF	7						
Date Of Election MM/DD/YYYY)				Year	•		2023	Ame	ndment rt		The second second second	rmination port			
ummary of Red	eipts and	From D	ate		To Dat	e				F	or Offi	ce Use On	ly		Transferring to
xpenditures		1/1	/2023		1	2/3/20	023							e design	ga dalaman ga
. Amount Brou	ght Forward F	rom Last	Report	8		9281.	49								
Total Monetar		ns and R	eceipts	8		0_0									
Total Funds Av im of Lines A a	ailable nd B)	177 19		S		9281.	.49								
Total Expenditi om Schedule II	1)			8		\$275.	.00								
nding Cash Ba otract Line D fr	rom Line C)			8	ALC:	9006.	6,49		•						
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npaid Debts ar n Schedule IV)		S		8	. 9	61,000	0.00	1							
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