

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Grace Crampse Smith					
Street Address		1403 Lorian Ave					
City	Bethlehem	State	PA	Zip Code	18018		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/2/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/23/2021	12/31/2021	
A. Amount Brought Forward From Last Report		10,262.49	
B. Total Monetary Contributions and Receipts (From Schedule I)		0	
C. Total Funds Available (Sum of Lines A and B)		10,262.49	
D. Total Expenditures (From Schedule II)		950.00	
E. Ending Cash Balance (Subtract Line D from Line C)		10,012.49	
F. Value of In-Kind Contributions Received (From Schedule I)		0	
G. Unpaid Debts and Obligations (From Schedule IV)		1,000.00	

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Name of Filing Committee, Candidate or Lobbyist		Friends of Grace Crampsie Smith						
Street Address		1403 Lorain Ave						
City	Bethlehem	State	PA	Zip Code	18018			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 8 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Text	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/23/2021	12/31/2021	
A. Amount Brought Forward From Last Report		10,262.49	
B. Total Monetary Contributions and Receipts (From Schedule I)		0	
C. Total Funds Available (Sum of Lines A and B)		10,262.49	
D. Total Expenditures (From Schedule III)		250.00	
E. Ending Cash Balance (Subtract Line D from Line C)		10,012.49	
F. Value of In-Kind Contributions Received (From Schedule II)		0	
G. Unpaid Debts and Obligations (From Schedule IV)		1,000.00	

Affidavit Section

**SCHEDULE I**  
**Contributions and Receipts**  
 Detailed Summary Page

Tax Identification Number	
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**1. Unitemized Contributions and Receipts - \$50.00 or Less per Contributor**

Total for the reporting period (1)	0
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**2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)**

Contributions Received from Political Committees (Part A)	0
All Other Contributions (Part B)	0
Total for the reporting period (2)	0

**3. Contributions Over \$250.00 (From Part C and Part D)**

Contributions Received from Political Committees (Part C)	0
All Other Contributions (Part D)	0
Total for the reporting period (3)	0

**4. Other Receipts: Interest Earned, Returned Checks, ETC. (From Part E)**

Total for the reporting period (4)	0
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<b>Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, item B)</b>	0
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SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	McNeil for PA	Date [MM/DD/YYYY]	\$		
		11/29/2021		250.00	
House #	1080	Street Address	Schadt Ave		
Description of Expenditure					
City	Whitehall	State	PA	Zip Code	18052
Description of Expenditure		Campaign contribution			
To Whom Paid		Date [MM/DD/YYYY]	\$		
House #		Street Address			
Description of Expenditure					
City		State		Zip Code	
To Whom Paid		Date [MM/DD/YYYY]	\$		
House #		Street Address			
Description of Expenditure					
City		State		Zip Code	
To Whom Paid		Date [MM/DD/YYYY]	\$		
House #		Street Address			
Description of Expenditure					
City		State		Zip Code	
To Whom Paid		Date [MM/DD/YYYY]	\$		
House #		Street Address			
Description of Expenditure					
City		State		Zip Code	
To Whom Paid		Date [MM/DD/YYYY]	\$		
House #		Street Address			
Description of Expenditure					
City		State		Zip Code	
To Whom Paid		Date [MM/DD/YYYY]	\$		
House #		Street Address			
Description of Expenditure					
City		State		Zip Code	
To Whom Paid		Date [MM/DD/YYYY]	\$		
House #		Street Address			
Description of Expenditure					
City		State		Zip Code	

SCHEDULE IV

Statement of Unpaid Debts

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

Filer Identification Number: \_\_\_\_\_

Name of Creditor		Grace Crampsie Smith				Outstanding Balance of Debt	
House #	1403	Street Address	Lorain Ave		DATE DEBT INCURRED [MM/DD/YYYY]		\$
					2/19/2019		
City	Bethlehem	State	PA	Zip Code	18018	1,000.00	
Description of Debt		Campaign Loan					

Name of Creditor						Outstanding Balance of Debt	
House #	Lorian	Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State		Zip Code			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		State		Zip Code			
Description of Debt							