

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number : 20150137		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF NATASHA TAYLOR SMITH											
Street Address: 654 MEETINGHOUSE ROAD											
City: ELKINS PARK					State: PA		Zip Code: 19027				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2015	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR	DEM			
					11	3	2015	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		5	5	2015		6	8	2015			
A. Amount Brought Forward From Last Report					\$ 33,860.81						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 833.45						
C. Total Funds Available (Sum Of Lines A and B)					\$ 34,694.26						
D. Total Expenditures (From Schedule III)					\$ 7,853.49						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 26,840.77						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 25,000.00						

AFFIDAVIT SECTION

PART I - 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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I 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 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF NATASHA TAYLOR SMITH	From: <u>5/5/2015</u> To: <u>6/8/2015</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 98.25

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 250.00
TOTAL for the Reporting Period (2)	\$ 250.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 485.20
TOTAL for the Reporting Period (3)	\$ 485.20

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

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 Page1, Report Cover Page, Item B.)	\$ 833.45
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PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES \$50.01 TO \$250.00 Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.							
Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	
\$	0.00

PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate FRIENDS OF NATASHA TAYLOR SMITH	Reporting Period From: <u>5/5/2015</u> To: <u>6/8/2015</u>
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DATE	AMOUNT
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Full Name of Contributor BRETT & CECELIA DATTO			MO	DAY	YEAR	\$ 100.00
Mailing Address 817 PARDEE LANE			5	20	2015	
City WYNCOTE	State PA	Zip Code (Plus 4) 19095				

Full Name of Contributor MARGARET PHIAMBOLIS			MO	DAY	YEAR	\$ 150.00
Mailing Address 1012 BETHLEHEM PIKE			5	20	2015	
City SPRING HOUSE	State PA	Zip Code (Plus 4) 19477				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 250.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$	0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

**Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)**

Name of Filing Committee or Candidate FRIENDS OF NATASHA TAYLOR SMITH	Reporting Period From: <u>5/5/2015</u> To: <u>6/8/2015</u>
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			DATE	AMOUNT	
Full Name of Contributor	MO	DAY	YEAR	\$	
MILDRED STEPHENS	5	20	2015		485.20
Mailing Address 7705 DOE LANE					
City LAVEROCK	State PA	Zip Code (Plus 4) 19038			
Employer Name			Occupation RETIRED		
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 485.20

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE	AMOUNT		
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Period	
FRIENDS OF NATASHA TAYLOR SMITH		From: <u>5/5/2015</u> To: <u>6/8/2015</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF NATASHA TAYLOR SMITH	From <u>5/5/2015</u> To: <u>6/8/2015</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
MONTCO DEM WOMEN'S LEADERSHIP INITIATIVE LEADERSHIP TRAINING				
Mailing Address P.O. BOX 3	5	29	2015	\$ 21.49
City FT. WASHINGTON	State PA	Zip Code (Plus 4) 19034	Description of Expenditure TRAINING	
To Whom Paid	MO	DAY	YEAR	
LOWER MERION DEM COMMITTEE				
Mailing Address 24 W LANCASTER AVENUE	5	27	2015	\$ 250.00
City ARDMORE	State PA	Zip Code (Plus 4) 19003	Description of Expenditure CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
ADAM ERICKSON				
Mailing Address 13050 BUSTLETON AVENUE SUITE G	5	26	2015	\$ 1,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19116	Description of Expenditure CAMPAIGN COORDINATOR	
To Whom Paid	MO	DAY	YEAR	
MONTCO DEMOCRATIC COMMITTEE				
Mailing Address 21 EAST AIRY STREET	5	27	2015	\$ 4,395.00
City NORRISTOWN	State PA	Zip Code (Plus 4) 19401	Description of Expenditure CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
GEORGE WASHINGTON CARVER COMMUNITY CENTER				
Mailing Address 249 JACOBY STREET	5	18	2015	\$ 340.00
City NORRISTOWN	State PA	Zip Code (Plus 4) 19401	Description of Expenditure CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
BOURBON BLUE				
Mailing Address 2 RECTOR STREET	5	19	2015	\$ 1,732.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19127	Description of Expenditure FUNDRAISER LOCATION	

To Whom Paid CHELTENHAM DEMOCRATIC COMMITTEE			MO	DAY	YEAR	\$ 115.00
Mailing Address			5	29	2015	
City	State PA	Zip Code (Plus 4)	Description of Expenditure CONTRIBUTION			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 7,853.49

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

Name of Filing Committee or Candidate FRIENDS OF NATASHA TAYLOR SMITH	Reporting Period From: <u>5/5/2015</u> To: <u>6/8/2015</u>
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	DATE		DATE	Outstanding Balance of Debt
Name of Creditor JAMES SMITH	MO	DAY	YEAR	
Mailing Address 654 MEETINGHOUSE ROAD	3	27	2015	\$ 25,000.00
City ELKINS PARK	State PA	Zip Code (Plus 4) 19027	Description of Debt LOAN	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.				PAGE TOTAL \$ 25,000.00