Campaign Finance Report

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

					1					_						
Filer Identificat	ion 201	L8C0624			Repo Filed		CANDI	DATE	\checkmark	cc	OMMITTEI		LOB	BYIST		
Name of Filing (Committee, Cand	idate or L	obbyist:		SMITH	,DANI	EL BURTO	ON JR								
Street Address:											_					
City:							State:				Zip Cod	e: 16	046			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	DAY PRE	- 2.	30 D/ PRIM		POST- 3. X			AMENDMENT REPORT?		Yes	V	0	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID		30 D/ ELEC		POST-	6.		TERMINA REPORT?	TION	Yes	N	0	\checkmark	
report type)	ANNUAL REPOR	. T 7.	Year 201	8			NG METHO CHECK O		_		PAPER		\checkmark	DISK	ETTE	
Name of Office Sought by Candidate:							DATE O	F ELE	CTION		District Number	Office Code	Pa	rty Cod	e Cou Cod	
DEDECENTAT		мо	DAY	YEA	R	12	STH	DEI	М	10						
REPRESENTAL	IVE IN THE GEN	ERAL ASS	EMBLY				11		6 2	2018		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAF	2		мо	DAY	YEA	R	FO	R OFFIC	E USE	ONLY	,	
Expenditures	s from:		5	1 2	018	то	6		4 2	2018						
A. Amount Bro	ught Forward Fr	om Last R	eport			\$			(1,356	.82)						
B. Total Monet	ary Contribution	s And Rec	eipts (Fro	m Sche	edule I)	\$	\$ 0.00									
C. Total Funds	Available (Sum	Of Lines A	and B)			\$	5		(1,356	.82)						
D. Total Expen	ditures (From So	hedule II	1)			\$;		(0.00						
E. Ending Cash	Balance (Subtra	ict Line D	From Line	e C)		\$			(1,356	82)	-					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From	Schedu	le II)	\$			(0.00	-					
G. Unpaid Deb	ts And Obligation	ns (From S	Schedule 1	(V)		\$;		(0.00						
				AFF	IDAV	IT SE	CTION									
PART I - If this i			_								-					
I swear (or affirm correct and compl) that this report, in ete.	ncluding the	e attached s	schedule	s filed o	n paper	or by elect	ronic m	edium, a	re to f	the best of	my know	vledge	and be	lief , tı	ue
Sworn to and subs	scribed before me t day of	his	20						Sigi	nature	e of Person	Submitt	ing Re	port		-
	Signa	ture				_					Print	ed Name				-
My Commission E	xpires										Email	l				_
	мо	D	AY	YR				Ar	ea Code		Daytime	e Teleph	one Nu	mber		_
Part II- If this is	a report of a ca	ndidate's	authorize	d Comr	nittee,	Candid	late shall	sign h	ere.							
I swear (or affirm) No 320) as amend) that to the best of ed.	f my knowl	edge and be	elief this	s politica	l comm	nittee has n	iot viola	ted any p	orovis	ions of the	act of Ju	ine 3,1	937 (P	L. 133	3,
Sworn to and subscribed before me this Signature of Candid							f Candida	ite			-					
						_					Printeo	d Name				_
Mu Corrector in 5	Signatur	e				_					Emai					_
My Commission Exp	ores										Lindi	-				
	МО	D	AY	YF	2			Area	Code		Da	ytime Te	elepho	ne Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** SMITH, DANIEL BURTON JR From: <u>5/1/2018</u> **To:** 6/4/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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				Period			
				i cirioù			
			From:		То	•	
				DATE			AMOUNT
Full Name of Contributing) Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						Г	PAGE TOTAL
Enter Grand Total of Pa	art A on Schedule I, Detail	ed Summary Page, Sec	tion 2.			\$	0.00

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

\$

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 Candidat	e			orting P	eriod			
			Fro	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	0.00

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	J Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led Summary Pa	age, Sectio	n 3.			\$	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	Reporting Period	d	
	From:	То:	
	DATE		

			D	ATE		АМС	DUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Employer Name			Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip Code ((Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Page, Sectio	on 3.		\$		бе тота L 0.00

I

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			Report	ting Perio	bd				
						То:			
					ATE	AMOUNT			
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schadula I. Datailac	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	Section				\$		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		
SMITH,DANIEL BURTON JR	From:	<u>5/1/2018</u> то:	<u>6/4/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
						То:		
				DATE		АМС	DUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address	Mailing Address					\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	5	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period						
					Fro	From: To:				
							AMOUNT			
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption o	f Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				ng Period				
						То:		
		AMOUNT						
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City State Zip Code (Plus 4)				otion of Ex	penditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL	
	on Page 1, Report C	over Page, Item L				\$	0.00	