### **Campaign Finance Report**

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

| Filer Identification 20170393<br>Number : |                              |              |                     |            |         |       | y :    | CANI            | DIE   | DATE      |             | COMN        | 1ITTEE                | <b>✓</b>       | LOBI         | BYIS.    |               |                |
|---|------------------------------|--------------|---------------------|------------|---------|-------|--------|-----------------|-------|-----------|-------------|-------------|-----------------------|----------------|--------------|----------|---------------|----------------|
| Name of Filing C                          | ommittee, Cand               | lidate or L  | .obbyist:           |            | SMI     | TH.   | JR., D | ANIEL           | FR.   | IENDS     | OF          | <u> </u>    |                       |                |              |          |               |                |
| Street Address:                           | 105 TWIN \                   | WILLOWS      | LN                  |            |         |       |        |                 |       |           |             |             |                       |                |              |          |               |                |
| City:                                     | VALENCIA                     |              |                     |            |         |       |        | State:          |       | PA        |             |             | Zip Cod               | le: 16         | 059          |          |               |                |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY   | 1.           | 2ND FRII<br>PRIMARY |            | -       | 2.    | 30 DA  |                 | P     | OST-      | 3. <b>X</b> |             | AMENDMENT YER REPORT? |                |              | <b>\</b> | No            |                |
| (place X to<br>the right of               | 6TH TUESDAY<br>PRE-ELECTION  | 4.           | 2ND FRII<br>ELECTIO |            | E       | 5.    | 30 DA  |                 | P     | OST-      | 6.          |             | TERMINA<br>REPORT?    |                | Yes          |          | No            | <b>/</b>       |
| report type)                              | ANNUAL REPOR                 | <b>RT</b> 7. | Year 201            | 18         |         |       |        | NG MET<br>CHECK |       | _         |             |             | PAPER                 |                | $\checkmark$ | DIS      | KETTE         |                |
| Name of Office S                          | ought by Candi               | date:        | -                   |            |         |       |        | DATE            | OI    | F ELE     | CTIC        | ON          | District<br>Number    | Office<br>Code | Par          | ty Co    | de Cou<br>Cod |                |
| REPRESENTATI                              | VE IN THE CEN                | EDAL AC      | SEMBLV              |            |         |       |        | МО              |       | DAY       | Υ           | EAR         | 12                    | STH            | DEN          | 1        | 10            |                |
| REPRESENTATI                              | VE IN THE GEN                | LKAL AS      | DLIMDLI             |            |         |       |        | ]               | 11    |           | 6           | 2018        |                       | (SEE INS       | TRUCTI       | ONS FO   | R CODE        | 5)             |
| Summary of                                |                              | МО           | DAY                 | YEAF       | ₹       |       |        | МО              |       | DAY       | Y           | EAR         | FO                    | R OFFIC        | E USE        | ONL      | Υ             |                |
| Expenditures                              | irom:                        |              | 5                   | 1 2        | 2018    | Т     | 0      |                 | 6     |           | 4           | 2018        |                       |                |              |          |               |                |
| A. Amount Bro                             | ught Forward Fr              | om Last I    | Report              |            |         |       | \$     |                 |       |           | 8,          | 195.89      |                       |                |              |          |               |                |
| B. Total Moneta                           | ary Contribution             | s And Re     | ceipts (Fr          | om Sche    | edule   | · I)  | \$     |                 |       | 18,115.00 |             |             |                       |                |              |          |               |                |
| C. Total Funds                            | Available (Sum               | Of Lines /   | A and B)            |            |         |       | \$     |                 |       |           | 26,         | 310.89      |                       |                |              |          |               |                |
| D. Total Expend                           | ditures (From S              | chedule I    | II)                 |            |         |       | \$     |                 |       |           | 11,         | 605.55      |                       |                |              |          |               |                |
| E. Ending Cash                            | Balance (Subtr               | act Line D   | From Lin            | e C)       |         |       | \$     |                 |       |           | 14,         | 705.34      |                       |                |              |          |               |                |
| F. Value Of In-                           | Kind Contribution            | ns Receiv    | ed (From            | Schedu     | ıle II  | ()    | \$     |                 |       |           |             | 0.00        |                       |                |              |          |               |                |
| G. Unpaid Debt                            | s And Obligatio              | ns (From     | Schedule            | IV)        |         |       | \$     |                 |       |           |             | 0.00        |                       | •              |              |          |               |                |
|   |                              |              |                     | AFF        | FID/    | ١٧٢   | T SE   | CTIO            | N     |           |             |             |                       |                |              |          |               |                |
| PART I - If this is                       |                              | -            | _                   |            |         |       |        |                 |       |           |             | _           |                       |                |              |          |               |                |
| I swear (or affirm)<br>correct and comple |                              | ncluding th  | e attached          | schedule   | s file  | d on  | paper  | or by ele       | ectr  | onic m    | ediun       | ı, are to t | he best o             | f my know      | /ledge       | and b    | elief , t     | rue            |
| Sworn to and subs                         | cribed before me t<br>day of | his          | 20                  |            |         |       |        |                 | -     |           |             | Signature   | of Perso              | n Submitt      | ing Rep      | ort      |               |                |
|   | Signa                        | nture        |                     |            |         |       | -      |                 | -     |           |             |             | Prin                  | ted Name       |              |          |               | -              |
| My Commission Ex                          | pires                        |              |                     |            |         |       | _      |                 | -     |           |             |             | Emai                  | il             |              |          |               |                |
|   | МО                           | C            | AY                  | YR         |         |       |        |                 |       | Are       | ea Co       | de          | Daytim                | e Teleph       | one Nu       | mber     |               | $\underline{}$ |
| Part II- If this is                       | a report of a ca             | ındidate's   | authorize           | ed Comr    | nitte   | e, C  | andid  | ate sha         | ıll s | ign he    | ere.        |             |                       |                |              |          |               |                |
| I swear (or affirm)<br>No 320) as amende  |                              | f my know    | ledge and b         | elief this | s polit | tical | comm   | ittee has       | s no  | t viola   | ted a       | ny provisi  | ions of the           | e act of Ju    | ine 3,1      | 937 (1   | P.L. 133      | 33,            |
| Sworn to and subsc                        | ribed before me th<br>day of | nis          | 20                  |            |         |       |        |                 |       |           |             | Si          | ignature o            | f Candida      | te           |          |               | _              |
|   |                              |              |                     |            |         |       | _      |                 |       |           |             |             | Printe                | d Name         |              |          |               | -              |
|   | Signatu                      | ·e           |                     |            |         |       | _      |                 | -     |           |             |             |                       |                |              |          |               | _              |
| My Commission Exp                         | ires                         |              |                     |            |         |       |        |                 |       |           |             |             | Emai                  | ıı             |              |          |               |                |
|   | МО                           |              | PAY                 | YF         | 2       |       | -      |                 | ,     | Area      | Code        |             | Da                    | ytime Te       | lephor       | e Nu     | nber          | _              |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | y Period |              |           |
|--|-----------|----------|--------------|-----------|
| SMITH JR., DANIEL FRIENDS OF   | From:     | 5/1/201  | <u>8</u> To: | 6/4/2018  |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |              |           |
| TOTAL for the Reporting  | ) Period  | (1)      | \$           | 1,515.00  |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |          |              |           |
| Contributions Received From Political Committees (Part A)  |           |          | \$           | 250.00    |
| All Other Contributions (Part B)   |           |          | \$           | 1,200.00  |
| TOTAL for the Reporting  | Period    | (2)      | \$           | 1,450.00  |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |          |              |           |
| Contributions Received From Political Committees (Part C)  |           |          | \$           | 2,000.00  |
| All Other Contributions (Part D)   |           |          | \$           | 13,150.00 |
| TOTAL for the Reporting  | Period    | (3)      | \$           | 15,150.00 |
| 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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |           |          | \$           | 18,115.00 |

#### **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 I | Period   |     |          |
|---------------------------------------|-------------|----------|-----|----------|
| SMITH JR., DANIEL FRIENDS OF          | From:       | 5/1/2018 | To: | 6/4/2018 |
|                                       |             | DATE     |     | AMOUNT   |

| Full Name of Contributing Committee FRIENDS OF MARY JO DALEY |       |                   |   | DAY | YEAR |           |
|--|-------|-------------------|---|-----|------|-----------|
| Mailing Address 1294 MONTGOMERY AVE                          |       |                   |   |     |      | \$ 250.00 |
| City NARBETH   | State | Zip Code (Plus 4) | 5 | 29  | 2018 |           |
|  | PA    | 19072             |   |     |      |           |

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

**PAGE TOTAL \$** 250.00

## 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    | e                  | Rep                               | Reporting Period |    |       |                 |                    |  |  |  |
|--|--------------------|-----------------------------------|------------------|----|-------|-----------------|--------------------|--|--|--|
| SMITH JR., DANIEL FRIENDS OF             | EL FRIENDS OF From |                                   |                  |    | 5/1/2 | 2 <u>018</u> To | o: <u>6/4/2018</u> |  |  |  |
|  |                    |                                   |                  |    | DATE  | AMOUNT          |                    |  |  |  |
| Full Name of Contributor WILLIAM MILLER  |                    |                                   |                  | МО | DAY   | YEAR            |                    |  |  |  |
| Mailing Address 1400 SMOKEY WOO          | DD DR #311         |                                   |                  |    |       |                 | \$ 100.00          |  |  |  |
| <b>City</b> PittsburgH                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15218 |                  | 5  | 2     | 2018            |                    |  |  |  |
| Full Name of Contributor REBECCA STETSER | МО                 | DAY                               | YEAR             |    |       |                 |                    |  |  |  |
| Mailing Address 200 COBBLESTONE          | DR                 |                                   |                  |    |       |                 | <b>\$</b> 100.00   |  |  |  |
| City PittsburgH                          | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15237 |                  | 5  | 9     | 2018            |                    |  |  |  |
| Full Name of Contributor DONALD MACLEOD  |                    |                                   |                  | МО | DAY   | YEAR            |                    |  |  |  |
| Mailing Address 6335 MARCHAND S          | Т                  |                                   |                  |    |       |                 | \$ 100.00          |  |  |  |
| City PittsburgH                          | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15026 |                  | 5  | 9     | 2018            |                    |  |  |  |
| Full Name of Contributor WILLIAM MILLER  |                    |                                   |                  | МО | DAY   | YEAR            |                    |  |  |  |
| Mailing Address 1400 SMOKEY WOO          |                    |                                   |                  | 5  | 9     | 2018            | \$ 50.00           |  |  |  |
| <b>City</b> PittsburgH                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15218 |                  | J  |       | 2020            |                    |  |  |  |
| Full Name of Contributor LISA MORRISON   |                    |                                   |                  | МО | DAY   | YEAR            |                    |  |  |  |
| Mailing Address 501 POTOMAC CT           |                    |                                   |                  |    |       |                 | \$ 100.00          |  |  |  |
| City GIBSONIA                            | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15044 |                  | 5  | 9     | 2018            |                    |  |  |  |

|   |                    |                                |      |     |      | TAGE 5           |
|---|--------------------|--------------------------------|------|-----|------|------------------|
| Full Name of Contributor DAVID HULINGS  |                    |                                | МО   | DAY | YEAR |                  |
| Mailing Address 1102 SHINNECO           | СК СТ              |                                |      |     |      | <b>\$</b> 100.00 |
| City MARS                               | State<br>PA        | <b>Zip Code (Plus 4)</b> 16046 | 5    | 10  | 2018 |                  |
| Full Name of Contributor RICHARD RIZZO  |                    |                                | МО   | DAY | YEAR |                  |
| Mailing Address 410 MEADOWLA            | RK LANE            |                                |      |     |      | <b>\$</b> 250.00 |
| City GIBSONIA                           | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 15044 | 5    | 15  | 2018 |                  |
| Full Name of Contributor CRAGG HINES    | МО                 | DAY                            | YEAR |     |      |                  |
| Mailing Address 5100 LITTLE FAL         | LS RD              |                                |      |     |      | <b>\$</b> 250.00 |
| City ARLINGTON                          | <b>State</b><br>VA | <b>Zip Code (Plus 4)</b> 22207 | 5    | 16  | 2018 |                  |
| Full Name of Contributor R BRUCE COOPER |                    |                                | МО   | DAY | YEAR |                  |
| Mailing Address 801 INDEPENDE           | NCE CT             |                                |      |     |      | <b>\$</b> 100.00 |
| City VALENCIA                           | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 16059 | 5    | 16  | 2018 |                  |
| Full Name of Contributor WILLIAM MILLER |                    |                                | мо   | DAY | YEAR |                  |
| Mailing Address 1400 SMOKEY W           | OOD DR #311        |                                |      |     |      | <b>\$</b> 50.00  |
| <b>City</b> PittsburgH                  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 15218 | 5    | 30  | 2018 |                  |
|   |                    |                                |      |     |      | PAGE TOTAL       |

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

**PAGE TOTAL \$** 1,200.00

#### **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 Per |          |     |          |
|---------------------------------------|---------------|----------|-----|----------|
| SMITH JR., DANIEL FRIENDS OF          | From:         | 5/1/2018 | То: | 6/4/2018 |

DATE AMOUNT

| Full Name of Contributing Committee  CARPENTERS LEGISLATIVE PROGRAM O | МО                 | DAY                               | YEAR |    |      |             |
|---|--------------------|-----------------------------------|------|----|------|-------------|
| Mailing Address 650 RIDGE RD SUITE 200                                |                    |                                   |      |    |      | \$ 2,000.00 |
| City PittsburgH   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15205 | 5    | 29 | 2018 |             |

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

2,000.00

## 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 |              |         |          |            |  |
|---|--------------------|-----|--------------|---------|------------------|--------------|---------|----------|------------|--|
| SMITH JR., DANIEL FRIENDS OF                        |                    |     |              | Fron    | n:               | <u>5/1/2</u> | 018 To  | 6/4/2018 |            |  |
|   |                    |     |              |         | DATE AMOUNT      |              |         |          |            |  |
| Full Name of Contributor JAMES WRUBEL               |                    |     |              |         | мо               | DAY          | YEAR    |          |            |  |
| Mailing 124 HUNTER DR Address                       |                    |     |              |         |                  |              |         | \$       | 1,000.00   |  |
| City CRANBERRY TWP                                  | State              | Zij | p Code (Plus | i 4)    | 5                | 23           | 2018    | 3        |            |  |
|   | PA                 | 16  | 5066         |         |                  |              |         |          |            |  |
| Employer Name Self Employed                         |                    |     |              | Occupat | tion             | •            | •       |          |            |  |
| Employer Mailing Address/Principal Plac<br>Business | e of               |     | City         |         | l                | State        |         | Zip Code | e (Plus 4) |  |
| 124 HUNTER DR                                       |                    |     | CRANBE       | RRY TW  | /P               | PA           |         | 16066    |            |  |
| Full Name of Contributor Georgia Berner             |                    |     |              |         | МО               | DAY          | YEAR    |          |            |  |
| Mailing 100 Denniston St Un                         | it 1               |     |              |         |                  |              |         | \$       | 1,000.00   |  |
| City Pittsburgh                                     | <b>State</b><br>PA |     | p Code (Plus | s 4)    | 5                | 10           | 2018    | 3        |            |  |
| Employer Name                                       |                    |     |              |         | Occupation       |              |         |          |            |  |
|   |                    |     |              |         |                  | ,            | Retired |          |            |  |
| Employer Mailing Address/Principal Plac<br>Business | e of               |     | City         |         |                  | State        |         | Zip Code | e (Plus 4) |  |
|   |                    |     |              |         |                  |              |         |          |            |  |
| Full Name of Contributor                            |                    |     |              |         |                  | DAV          | YEAR    |          |            |  |
| Nathaniel Yap                                       |                    |     |              |         | МО               | DAY          | YEAR    |          |            |  |
| Mailing 5302 Westminster PI                         |                    |     |              |         |                  |              |         | \$       | 500.00     |  |
| City Pittsburgh                                     | State              | Zij | p Code (Plus | i 4)    | 5                | 10           | 2018    | 3        |            |  |
|   | PA                 | 15  | 5232         |         |                  |              |         |          |            |  |
| Employer Name                                       |                    |     |              | Occupat | tion F           | Retired      | •       |          |            |  |
| Employer Mailing Address/Principal Plac<br>Business | e of               |     | City         |         |                  | State        |         | Zip Code | e (Plus 4) |  |
|   |                    |     |              |         |                  |              |         |          |            |  |

|                              |  |              |       |               |         |                                 |           | TAGE 6                      |  |  |  |  |
|------------------------------|--|--------------|-------|---------------|---------|---------------------------------|-----------|-----------------------------|--|--|--|--|
| Full Name of Con             | tributor                                       |              |       |               |         |                                 |           |                             |  |  |  |  |
| Douglas Quint                |  |              |       |               | МО      | DAY                             | YEAR      |                             |  |  |  |  |
| Mailing                      |  |              |       |               |         |                                 |           | 4                           |  |  |  |  |
| Mailing<br>Address           | 9020 WOODVIEW DR                               |              |       |               |         |                                 |           | \$ 250.00                   |  |  |  |  |
| City Ditteburg               | .11  | State        | Zip   | Code (Plus 4) | 5       | 9                               | 2018      |                             |  |  |  |  |
| City Pittsburg               | П  | PA           | 152   | 37            |         |                                 |           |                             |  |  |  |  |
|                              |  |              | 132   |               |         |                                 |           |                             |  |  |  |  |
| Employer Name                | AEA Publications                               |              |       |               | Occupat | ion                             | Clerk     |                             |  |  |  |  |
|                              | Address/Principal Plac                         | e of         |       | City          | •       | State                           |           | Zip Code (Plus 4)           |  |  |  |  |
| Business                     |  |              |       |               |         |                                 |           |                             |  |  |  |  |
|                              |  |              |       |               |         | 1                               |           |                             |  |  |  |  |
| Full Name of Con             | tributor                                       |              |       |               |         |                                 |           |                             |  |  |  |  |
| Mel Heifetz                  |  |              |       |               | МО      | DAY                             | YEAR      |                             |  |  |  |  |
| Mailing                      |  |              |       |               |         |                                 |           | 4                           |  |  |  |  |
| Address                      | 304 South 12th Stree                           | t            |       |               |         |                                 |           | \$ 10,000.00                |  |  |  |  |
| City Philadelp               | hia  | State        | Zip   | Code (Plus 4) | 5       | 8                               | 2018      |                             |  |  |  |  |
| City Philadelp               | iilid  | PA           | 191   | 07            |         |                                 |           |                             |  |  |  |  |
|                              |  |              |       |               |         |                                 |           |                             |  |  |  |  |
| Employer Name Self Employed  |  |              |       |               |         | Occupation GLBT REAL ESTATE MGM |           |                             |  |  |  |  |
|                              | Address/Principal Plac                         | e of         |       | City          | 1       | State                           |           | Zip Code (Plus 4)           |  |  |  |  |
| Business                     |  |              |       | •             |         |                                 |           |                             |  |  |  |  |
|                              |  |              |       |               |         | 1                               |           |                             |  |  |  |  |
| Full Name of Con             | tributor                                       |              |       |               |         |                                 |           | 1                           |  |  |  |  |
| Douglas Quint                |  |              |       |               | МО      | DAY                             | YEAR      |                             |  |  |  |  |
|                              |  |              |       |               |         |                                 |           | 4                           |  |  |  |  |
| Mailing<br>Address           | 9020 WOODVIEW DR                               |              |       |               |         |                                 |           | \$ 100.00                   |  |  |  |  |
| <b>City</b> Pittsburg        |  | State        | Zip   | Code (Plus 4) | 5       | 1                               | 2018      |                             |  |  |  |  |
| City Pittsburg               | Н  | PA           | 152   |               |         |                                 |           |                             |  |  |  |  |
|                              |  |              | 152   |               |         |                                 |           |                             |  |  |  |  |
| Employer Name                | AEA Publications                               |              |       |               | Occupat | ion                             | Clerk     |                             |  |  |  |  |
|                              |  |              |       |               |         |                                 |           |                             |  |  |  |  |
| Employer Mailing<br>Business | Address/Principal Plac                         | e of         |       | City          |         | State                           |           | Zip Code (Plus 4)           |  |  |  |  |
|                              |  |              |       |               |         |                                 |           |                             |  |  |  |  |
|                              |  |              | ı     |               |         | 1                               |           |                             |  |  |  |  |
| Full Name of Con             |  |              |       |               | мо      | DAY                             | YEAR      |                             |  |  |  |  |
| DEANNA L. KHEN               | MANI   |              |       |               |         |                                 |           |                             |  |  |  |  |
| Mailing                      | 99 SNOWCAP DR                                  |              |       |               |         |                                 |           | 1                           |  |  |  |  |
| Address                      |  |              |       |               |         | _                               | 2010      | \$ 300.00                   |  |  |  |  |
| City MARS                    |  | State        | Zip   | Code (Plus 4) | 5       | 1                               | 2018      |                             |  |  |  |  |
| MARS                         |  |              | 160   | 46            | 1       |                                 |           | 1                           |  |  |  |  |
| MARS                         |  | PA           | 1 100 | 70            |         |                                 |           |                             |  |  |  |  |
| 17413                        |  |              | 100   |               | Occupat | ion                             |           |                             |  |  |  |  |
| Employer Name                | Social Policy Research                         |              | 100   |               | Occupat | ion                             | Social So | cientist                    |  |  |  |  |
| Employer Name                | Social Policy Research  Address/Principal Plac | n Associates |       |               | Occupat | State                           | Social So | cientist  Zip Code (Plus 4) |  |  |  |  |
| Employer Name                | ·  | n Associates |       | City          | Occupat |                                 | Social So |                             |  |  |  |  |
| Employer Name                | ·  | n Associates |       |               | Occupat |                                 | Social So |                             |  |  |  |  |

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

PAGE TOTAL

13,150.00

\$

## 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 Candid | late               |                 | Report  | ing Perio | od  |      |    |            |
|------------------------------------|--------------------|-----------------|---------|-----------|-----|------|----|------------|
|                                    |                    |                 | From:   |           |     | To:  |    |            |
|                                    |                    |                 |         | D         | ATE |      |    | AMOUNT     |
| Full Name                          |                    |                 |         | МО        | DAY | YEAR |    |            |
| Mailing Address                    |                    |                 |         |           |     |      | \$ | 0.00       |
| City                               | State              | Zip Code (      | Plus 4) |           |     |      |    |            |
| Receipt Description                | ·                  | ·               |         |           |     |      | •  |            |
| Enter Grand Total of Part E on Sci | nedule T. Detailed | d Summary Page. | Section | 4.        |     |      | I  | PAGE TOTAL |
|                                    | .caa.ca, Betanet   | a cammary rage, |         | •         |     |      | \$ | 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 JR., DANIEL FRIENDS OF   | From:            | <u>5/1/2018</u> <b>To:</b> | 6/4/2018 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR   |                            |          |
| TOTAL for the Reporting Pe   | eriod (1)        | \$                         | 0.00     |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | T F)             |                            |          |
| TOTAL for the Reporting Pe   | eriod (2)        | \$                         | 0.00     |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |                  |                            |          |
| TOTAL for the Reporting Pe   | eriod (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, |                  | \$                         | 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 |              |      |           |            |  |  |
|---------------------------------------|----------------------|-----------------------|------------------|--------------|------|-----------|------------|--|--|
| F                                     |                      |                       | From:            |              |      | То:       |            |  |  |
|                                       |                      |                       |                  | DATE         |      |           | AMOUNT     |  |  |
| Full Name of Contributor              |                      |                       | МО               | DAY          | YEAR |           |            |  |  |
| Mailing Address                       |                      |                       |                  |              |      | <b>\$</b> | 0.00       |  |  |
| City                                  | State                | Zip Code (Plus 4)     |                  |              |      |           |            |  |  |
| Description of Contribution:          |                      |                       |                  |              |      |           |            |  |  |
| Enter Grand Total of Part F on So     | chedule II In-Vir    | nd Contributions Data | iled Sum         | mary Pag     |      |           | DACE TOTAL |  |  |
| Section 2.                            | illedule II, Ill-Kii | id Contributions Deta | neu Sum          | illiai y Pag | je,  |           | PAGE TOTAL |  |  |
|                                       |                      |                       |                  |              |      | \$        | 0.00       |  |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |        |      | Reporting Period |         |            |           |           |         |       |          |           |     |
|---|--------|------|------------------|---------|------------|-----------|-----------|---------|-------|----------|-----------|-----|
|   |        |      |                  |         | Fro        | om:       |           | To      | ł     |          |           |     |
|   |        |      |                  |         |            |           | DATE      |         |       |          | AMOUNT    | •   |
| Full Name of Contributor  |        |      |                  |         |            | мо        | DAY       | YEAR    |       |          |           |     |
| Mailing Address   |        |      |                  |         |            |           |           |         | \$    |          | 0.00      |     |
| City  | State  |      | Zip Code(I       | Plus 4) |            |           |           |         |       |          |           |     |
| Employer of Contributor   |        |      |                  |         | Occupation |           |           |         |       |          |           |     |
| Employer Mailing Address/Principal Pla<br>Business  | ace of | City |                  | State   |            | Zip<br>4) | Code(Plus | Desc    | ripti | ion of ( | Contribut | ion |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. |        |      |                  |         |            |           |           | PAGE TO | 0.00  |          |           |     |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate        |                         |                   | Reporting Period                          |   |          |          |          |  |  |
|--|-------------------------|-------------------|---|---|----------|----------|----------|--|--|
| SMITH JR., DANIEL FRIENDS OF                 |                         |                   | From                                      | <u>5/</u> :                               | 1/2018   | То:      | 6/4/2018 |  |  |
|  |                         |                   |   | DATE                                      |          |          |          |  |  |
| <b>To Whom Paid</b><br>Wepay.com             | мо                      | DAY               | YEAR                                      |   |          |          |          |  |  |
| Mailing Address                              |                         |                   |   | 1   | 2018     | \$<br>\$ | 22.47    |  |  |
| City   | State Zip Code (Plus 4) |                   |   | Description of Expenditure SERVICE CHARGE |          |          |          |  |  |
| <b>To Whom Paid</b><br>Wepay.Com - CHASE     | МО                      | DAY               | YEAR                                      |   |          |          |          |  |  |
| Mailing Address                              |                         |                   | 5   | 2   | 2018     | \$       | 14.48    |  |  |
| City   | State                   | Zip Code (Plus 4) | Description of Expenditure SERVICE CHARGE |   |          |          |          |  |  |
| <b>To Whom Paid</b><br>Wepay.Com - CHASE     |                         |                   | МО  | DAY                                       | YEAR     |          |          |  |  |
| Mailing Address                              |                         |                   | 5   | 4   | 2018     | \$       | 0.69     |  |  |
| City   | State Zip Code (Plus 4) |                   |   | Description of Expenditure SERVICE CHARGE |          |          |          |  |  |
| <b>To Whom Paid</b><br>The Balduzzi Group    |                         |                   | МО  | DAY                                       | YEAR     |          |          |  |  |
| Mailing Address 154 Cobblestone C            | ourt Drive Suite 11     | 3                 | 5   | 7   | 2018     | \$       | 5,868.00 |  |  |
| City Victor State NY Zip Code (Plus 4) 14564 |                         |                   |   | ntion of Exp<br>Mail                      | enditure | !        |          |  |  |
| <b>To Whom Paid</b> Wepay.Com - CHASE        |                         |                   |   | DAY                                       | YEAR     |          |          |  |  |
| Mailing Address                              |                         |                   | 5   | 7   | 2018     | \$       | 13.79    |  |  |
| City State Zip Code (Plus 4)                 |                         |                   |   | otion of Exp<br>CE CHARGE                 |          | 1        |          |  |  |

|  |                    |                                   |   |   |           | PA | GE 15    |  |  |
|--|--------------------|-----------------------------------|---|---|-----------|----|----------|--|--|
| <b>To Whom Paid</b><br>LionWorks Printing & Gr | мо                 | DAY                               | YEAR  |   |           |    |          |  |  |
| Mailing Address 300 East 5                     | 5                  | 8                                 | 2018  | \$  | 321.00    |    |          |  |  |
| <b>City</b> Pittsburgh                         | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15218 | <b>Descrip</b><br>Signs                     | otion of Exp                              | penditure |    |          |  |  |
| <b>To Whom Paid</b><br>Wepay.Com - CHASE       | МО                 | DAY                               | YEAR  |   |           |    |          |  |  |
| Mailing Address                                |                    |                                   | 5   | 10  | 2018      | \$ | 4.20     |  |  |
| City State Zip Code (Plus 4)                   |                    |                                   | Description of Expenditure SERVICE CHARGE   |   |           |    |          |  |  |
| <b>To Whom Paid</b><br>Think Big Campaigns     |                    |                                   | МО  | DAY                                       | YEAR      |    |          |  |  |
| Mailing Address 100 S. Co                      | mmons Suite 102    |                                   | 5   | 10  | 2018      | \$ | 3,000.00 |  |  |
| <b>City</b> Pittsburgh                         | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15212 | Description of Expenditure Consulting       |   |           |    |          |  |  |
| To Whom Paid<br>Luciano's Italian Brick Oven   |                    |                                   | МО  | DAY                                       | YEAR      |    |          |  |  |
| Mailing Address 161 Schai                      | rberry Lane        |                                   | 5   | 15  | 2018      | \$ | 298.49   |  |  |
| City Mars                                      | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16046 | Description of Expenditure Volunteer Dinner |   |           |    |          |  |  |
| <b>To Whom Paid</b><br>Wepay.Com - CHASE       |                    |                                   | МО  | DAY                                       | YEAR      |    |          |  |  |
| Mailing Address                                |                    |                                   | 5   | 17  | 2018      | \$ | 437.32   |  |  |
| City State Zip Code (Plus 4)                   |                    |                                   |   | Description of Expenditure SERVICE CHARGE |           |    |          |  |  |
| <b>To Whom Paid</b><br>Wepay.Com - CHASE       |                    |                                   | мо  | DAY                                       | YEAR      |    |          |  |  |
| Mailing Address                                | 5                  | 18                                | 2018  | \$  | 32.66     |    |          |  |  |
| City State Zip Code (Plus 4)                   |                    |                                   |   | otion of Exp<br>CE CHARGE                 |           |    |          |  |  |

|  |                                  |                   |   |   |   |    | 17.62 10   |  |  |  |  |
|--|----------------------------------|-------------------|---|---|---|----|------------|--|--|--|--|
| <b>To Whom Paid</b><br>Patrick Joyal     | мо                               | DAY               | YEAR                                      |   |   |    |            |  |  |  |  |
| Mailing Address 469 FAIRMO               | 5                                | 20                | 2018                                      | \$  | 1,500.00                                  |    |            |  |  |  |  |
| City WEXEORD                             | State                            | Zip Code (Plus 4) | Description of Expenditure                |   |   |    |            |  |  |  |  |
| , WEAFORD                                | WEXFORD PA 15090                 |                   |   |   | Consulting                                |    |            |  |  |  |  |
| <b>To Whom Paid</b><br>Wepay.Com - CHASE | МО                               | DAY               | YEAR                                      |   |   |    |            |  |  |  |  |
| Mailing Address                          |                                  |                   |   | 21  | 2018                                      | \$ | 30.34      |  |  |  |  |
| City State Zip Code (Plus 4)             |                                  |                   |   | Description of Expenditure SERVICE CHARGE |   |    |            |  |  |  |  |
| To Whom Paid                             | ·                                | ·                 | МО  | DAY                                       | YEAR                                      |    |            |  |  |  |  |
| Wepay.Com - CHASE                        |                                  |                   |   |   |   |    |            |  |  |  |  |
| Mailing Address                          |                                  |                   | 5   | 23  | 2018                                      | \$ | 15.04      |  |  |  |  |
| City                                     | State Zip Code (Plus 4)          |                   |   |   | Description of Expenditure SERVICE CHARGE |    |            |  |  |  |  |
| To Whom Paid Wepay.Com - CHASE           |                                  |                   |   | DAY                                       | YEAR                                      |    |            |  |  |  |  |
| Mailing Address                          |                                  |                   | 5   | 25  | 2018                                      | \$ | 2.25       |  |  |  |  |
| City                                     | State                            | Zip Code (Plus 4) | 1   | otion of Exp<br>CE CHARGE                 |   |    |            |  |  |  |  |
| <b>To Whom Paid</b><br>Citizens Bank     | ·                                |                   | мо  | DAY                                       | YEAR                                      |    |            |  |  |  |  |
| Mailing Address 206 SEVEN                | FIELDS BLVD                      |                   | 5   | 31  | 2018                                      | \$ | 2.00       |  |  |  |  |
| City SEVEN FIELDS                        | State Zip Code (Plus 4) PA 16046 |                   |   | Description of Expenditure BANK FEE       |   |    |            |  |  |  |  |
| To Whom Paid<br>Wepay.Com - CHASE        |                                  |                   | МО  | DAY                                       | YEAR                                      |    |            |  |  |  |  |
| Mailing Address                          |                                  |                   |   | 1   | 2018                                      | \$ | 42.82      |  |  |  |  |
| City State Zip Code (Plus 4)             |                                  |                   | Description of Expenditure SERVICE CHARGE |   |   |    |            |  |  |  |  |
|  | •                                | •                 | •   |   |   |    | PAGE TOTAL |  |  |  |  |
| Enter Grand Total of Expend              | •                                |                   |   | \$  | 11,605.55                                 |    |            |  |  |  |  |
|  |                                  |                   |   |   |   |    |            |  |  |  |  |