Campaign Finance Report

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

Filer Identificati Number :	on 20	18C062	24			Repo Filed		:	CAN	DII	DATE	\	CC	OMMITTEE		LOB	BYIS ⁻	Г	
Name of Filing C	Committee, Cand	lidate o	or Lo	bbyist:		SMITH	I,DA	NIE	L BUR	TO	N JR								
Street Address:																			
City:						State:								Zip Code: 16046					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRIDAY PRIMARY	/ PRE-	2.		DA RIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FRIDA ELECTION	/ PRE	- 5.		DA ECT	Y ION	Р	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	ן ו	No	\
report type)	ANNUAL REPO	₹T 7. X	,	Year 2018						IETHOD PAPER D					DIS	KETTE			
Name of Office S	ought by Candi	date:				-	_		DATE	0	F ELE	СТІ	ON	District Number	Office Code	Par	ty Co	le Cou	
								МО		DAY	•	YEAR	12	STH	DEI	1	10		
REPRESENTATI	VE IN THE GEN	ERAL A	ASSE	MBLY				ľ		11		6	2018	<u> </u>	(SEE IN	STRUCTI	ONS FO	R CODES	S)
	Receipts and	МО)	DAY	YEAR				МО		DAY	1	YEAR	FOF	OFFIC	E USE	ONL	Y	
Expenditures	from:		1	1 27	20)18	то			12	` '	31	2018						
A. Amount Bro	ught Forward F	om Las	st Re	port				\$					(36.82)						
B. Total Moneta	ary Contribution	s And F	Rece	ipts (From	Sched	dule I)	\$					0.00						
C. Total Funds	Available (Sum	Of Line	es A a	and B)				\$					(36.82)						
D. Total Expend	ditures (From S	chedule	e III)				\$					0.00						
E. Ending Cash	Balance (Subtr	act Line	e D F	rom Line (C)			\$					(36.82)]					
F. Value Of In-	Kind Contribution	ns Rec	ceive	d (From So	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligatio	ns (Fro	om So	chedule IV)			\$					0.00			•			
					AFF:	IDAV	IT!	SE	CTIO	N									
PART I - If this is		•		_															
I swear (or affirm) correct and comple		ncluding	g the	attached sch	edules	filed o	n pap	er o	or by el	ectr	onic m	ediu	m, are to	the best of	my knov	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me	:his		20						•			Signatur	e of Person	Submit	ing Re	ort		
	Sign:	ature					_			•				Printe	ed Name	<u> </u>			
My Commission Ex	-									-				Email					_
	мо		DA	Y	YR						Are	ea C	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a ca	andidat	te's a	uthorized	Comm	ittee,	Can	dida	ite sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		of my kno	owled	dge and beli	ef this	politica	al co	mmi	ttee ha	s no	ot viola	ted a	any provis	ions of the	act of J	une 3,1	937 (I	P.L. 133	33,
Sworn to and subsc		ıis											S	ignature of	Candida	ate			-
	day of 						_							Printed	Name				- $ $
	Signatu	re					_			-				E"					_
My Commission Exp	ires													Email					
	МО		DA	Y	YR						Area	Cod	e	Day	time T	elephor	ne Nur	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
SMITH, DANIEL BURTON JR	From:	11/27/20	<u>18</u> To:	12/31/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
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)			\$	0.00
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
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

0.00

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 Filling Committee of Camulate				Reporting Period From: To:					
			Fro	m:		10):		
					DATE		AMOUNT		
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
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 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 Candi	ame of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00		

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	me of Filing Committee or Candidate			Reporting Period						
			Fron	n:		To):			
				D	ATE		A	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupat	tion					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			1	PAGE TOTAL		
							\$	0.00		

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	ame of Filing Committee or Candidate				od			
			From:			To:		
				D	ATE		А	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	-				
Receipt Description		•				•		
Enter Grand Total of Part E	on Schedule T. Detailed	l Summary Page	Section	4			P	AGE TOTAL
	c concadic 1, betained	. cammary rage,	2001.011	••			\$	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 Per	iod	
SMITH,DANIEL BURTON JR	From:	<u>11/27/2018</u> To:	12/31/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candid	lame of Filing Committee or Candidate						
	From:			To:			
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	eporting F	Period				
Fro						From: To:				
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion				
Employer Mailing Address/Principal Plac Business	ee of Ci	ity	State	•	Zip 4)	Code(Plus	Descri	ption o	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Details Summary Page, Section 3.				led				PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate					Reporting Period					
	From			То:							
				DATE			AMOUNT				
To Whom Paid			мо	DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descri	otion of Ex	penditure						
Enter Grand Total of Expenditures					PAGE TOTAL						
Lines Grand Total Of Expenditures	on rage 1, Ke	eport Cover Page, Item D	•			\$	0.00				