Campaign Finance Report

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

| - | - | | | - | 1 | - | | | | | | _ | 100 | NICT | | |
|---|---|--------------|--------------------|----------------|----------------|---------------|---------------------|----------|--------------|------------------------|--------------------|----------------|--------------|----------|----------------|--|
| Filer Identificat Number : | ion 20 | 19C0120 | | | Repor Filed | | CANDI | DATE | \checkmark | co | OMMITTE | | LOBI | BYIST | | |
| Name of Filing (| Committee, Cano | lidate or L | obbyist: | | SMITH | , EDW | IN W | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | |
| City: | | | | | | | State: | | | | Zip Cod | e: 16 | 415 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. X | 2ND FRI PRIMAR | IDAY PRE Y | - 2. | 30 D/ PRIM | | POST- | 3. | | AMENDM REPORT? | | Yes | No | ~ | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRI ELECTIC | iday pri DN | E- 5. | 30 D/ ELEC | | POST- | 6. | | TERMINA REPORT? | | Yes | No | $\mathbf{>}$ | |
| report type) | ANNUAL REPO | RT 7. | Year 20 |)19 | | | NG METHO CHECK O | | | | PAPER | | \checkmark | DISKE | TTE | |
| Name of Office | Sought by Candi | date: | - | | | | DATE O | F ELE | CTION | | District Number | Office Code | Par | ty Code | County Code | |
| | | | | | | | мо | DAY | YEAI | R | 6 | CPJ | DEN | 1 | 25 | |
| JUDGE OF THE | | | EAS | | | | 11 | | 5 2 | 2019 | | (SEE INS | TRUCTI | ONS FOR | CODES) | |
| | Receipts and | мо | DAY | YEAF | ર | | мо | DAY | YEA | R | FO | R OFFIC | E USE | ONLY | | |
| Expenditures | s from: | | 1 | 1 2 | 2019 | ГО | 4 | | 1 2 | 2019 | | | | | | |
| A. Amount Bro | ought Forward F | rom Last I | Report | | | \$ | | | (| 0.00 | | | | | | |
| B. Total Monet | ary Contribution | ns And Re | ceipts (Fr | rom Sche | edule I) | \$ | | | 4,89 | 7.16 | | | | | | |
| C. Total Funds | Available (Sum | Of Lines / | A and B) | | | \$ | | | 4,89 | 7.16 | | | | | | |
| D. Total Expen | ditures (From S | chedule I | 11) | | | \$ | | | 4,897 | 7.16 | | | | | | |
| E. Ending Cash | n Balance (Subtr | act Line D | From Li | ne C) | | \$ | | | C | 0.00 | | | | | | |
| F. Value Of In- | Kind Contributio | ons Receiv | /ed (Fron | n Schedu | ıle II) | \$ | | | (| 0.00 | - | | | | | |
| G. Unpaid Deb | ts And Obligatio | ns (From | Schedule | IV) | | \$ | | | (| 0.00 | | | | | | |
| | | | | AFF | IDAV | IT SE | CTION | | | | | | | | | |
| PART I - If this i | s a Committee r | eport, tre | asurer sig | gn here. | If this i | s a Cai | ndidate re | eport, o | candida | te sig | gn here. | | | | | |
| I swear (or affirm correct and compl |) that this report, i lete. | ncluding th | e attached | l schedule | s filed or | paper | or by elect | ronic m | edium, a | re to t | the best of | my know | vledge | and beli | ef , true | |
| Sworn to and sub | scribed before me day of | this | 20 | | | | | | Sigr | nature | e of Persor | Submitt | ing Rep | oort | | |
| | | | | | | _ | | | | | Print | ed Name | | | | |
| My Commission E | - | ature | | | | | | | | | Emai | 1 | | | | |
| | мо | C | AY | YR | | _ | | Ar | ea Code | | | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a ca | andidate's | authoriz | ed Comr | nittee, (| Candid | ate shall | sign h | ere. | | | | | | | |
| | 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, o 320) as amended. | | | | | | | | | | | | | | | |
| Sworn to and subse | | nis | | | | | | | | Signature of Candidate | | | | | | |
| | day of | | | | | _ | | | | | Printer | d Name | | | | |
| | Signatu | re | | | | _ | | | | | | | | | | |
| My Commission Ex | pires | | | | | | | | | | Emai | I | | | | |
| | мо | C | DAY | YF | ł | _ | | Area | Code | | Da | ytime Te | elephon | e Numb | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** SMITH, EDWIN W From: <u>1/1/2019</u> **To:** 4/1/2019 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) 4,897.16 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 4,897.16 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 Candidat | e | | Reporting Period | | | | | |
|---|-------|------------------|------------------|----|------|------|----|------------|
| | Fr | | | | | То | | |
| | | · | | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 | 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| nter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. | | | | | | | \$ | 0.00 |

| Use this Part to it | emize all other 50.01 to \$250.0 | 1 TO \$250.00 contribution 00 in the repo | s wi ortin | ith an ng per | aggreg iod. | | | rom |
|-------------------------------------|-------------------------------------|---|---------------|------------------|----------------|------|----|------------|
| Name of Filing Committee or Candida | te | | Rep | orting P | eriod | | | |
| | | | Fror | 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 | 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 | Period | | | | |
|---------------------------------------|----------------------|----------|-------------|--------|-----|------|------------|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | A | MOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 * | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on Sched | lule I, Detailed Sun | nmary 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 | | | Rep | orting Pe | riod | | | |
|---|---------------------|--------------|-----------|-----------|-------|------|----------|--------------------------|
| | | | Froi | n: | | Т |): | |
| | | | | D | ATE | | АМ | IOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | | |
| City | State | Zip Code (Pl | ıs 4) | | | | | |
| Employer Name | | | | Occupat | tion | | | |
| Employer Mailing Address/Principal Plac | ce of Business | City | | • | State | | Zip Code | e (Plus 4) |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | ummary Page | e, Sectio | on 3. | | | P# | AGE TOTAL 0.00 |

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 | ing Perio | d | | | |
|---------------------------------------|-----------------|-----------------|----------|-----------|----------------|--------------|----|-----------------|
| SMITH, EDWIN W | | | From: | | <u>1/1/201</u> | <u>9</u> To: | | <u>4/1/2019</u> |
| | | | | D | ATE | | | AMOUNT |
| Full Name EDWIN SMITH | | | | мо | DAY | YEAR | \$ | 4,897.16 |
| Mailing Address | | | | 3 | 29 | 201 | a | |
| City FAIRVIEW | State | Zip Code (| Plus 4) | 5 | 25 | 201 | | |
| | PA | 16415 | | | | | | |
| Receipt Description PAYMENT OF EX | (PENSES | • | | | | | • | |
| | | | . | _ | | | | PAGE TOTAL |
| Enter Grand Total of Part E on Sched | ule I, Detailed | i Summary Page, | Section | 4. | | | \$ | 4,897.16 |

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, EDWIN W | From: | <u>1/1/2019</u> то: | <u>4/1/2019</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 | TF) | | |
| 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 | | | Reporting | Period | | | | |
|--|--------------------|-------------------|-----------|----------|------|-------------|-----------|----|
| | | | From: | | | То: | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | |] \$ | 0.0 |)0 |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | | | | | | | | |
| Enter Grand Total of Part F on Sched Section 2. | ule II, In-Kind Co | ontributions Deta | iled Sum | mary Pag | le, | P | AGE TOTAL | _ |
| | | | | | | \$ | 0.0 | 0 |

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

| Name of Filing Committee or Candidate | | | Rep | porting I | Period | | |
|--|-------------------|-------------------|--------|-----------|--------------|--------|---------------------------|
| | | | Fro | m: | | То: | |
| | | | | | DATE | | AMOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | |
| Mailing Address | | | | | | | \$ 0.00 |
| City | State | Zip Code(Plus 4) | | | | | |
| Employer of Contributor | | • | | Occupa | ation | | |
| Employer Mailing Address/Principal Plac | e of Business | City | State | e Zip | Code(Plus 4) | Descri | ption of Contribution |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | edule II, In-Kind | d Contributions D | etaile | d | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of | Filing Committee or Candidate | | | Reporti | ng Period | | | | |
|-------------------------------|-------------------------------|-------|-------------------|-----------------------------|------------------|---------------|---------|-----------------|--|
| SMITH, | EDWIN W | | | From | <u>1/</u> | <u>1/2019</u> | То: | <u>4/1/2019</u> | |
| | | | | | DATE | | | AMOUNT | |
| To Whom | 1 Paid | | | мо | DAY | YEAR | | | |
| JEZREE F | FRIEND | | | MO | | | | | |
| Mailing A | ddress | | | 1 | 15 | 2019 | \$ | 1,600.00 | |
| City E | RIE | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | | РА | 16508 | CONSU | LTANT | | | | |
| To Whom | | | | мо | DAY | YEAR | | | |
| PURE BU | | | | | | | | | |
| Mailing A | ddress | | - | 2 | 1 | 2019 | \$ | 451.79 | |
| City M | 1EDINA | State | Zip Code (Plus 4) | Descrip | | | | | |
| | | ОН | 44256 | CAMPAIGN PROMOTION | | | | | |
| To Whom Paid DIRECT PRMOTIONS | | мо | DAY | YEAR | | | | | |
| Mailing A | ddress | | | 2 | 1 | 2019 | \$ | 695.38 | |
| City A | GOURA HILLS | State | Zip Code (Plus 4) | Descrip | l tion of Exp | l enditure | I | | |
| | | CA | 91301 | CAMPAIGN PROMOTION SUPPLIES | | | | | |
| To Whom | n Paid | | | мо | DAY | YEAR | | | |
| PROMOT | IONS NOW | | | MO | | TLAK | | | |
| Mailing A | ddress | | | 2 | 1 | 2019 | \$ | 449.44 | |
| City M | 100RESTOWN | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | | NJ | 08057 | САМРАІ | GN PROM | OTION SU | JPPLIES | | |
| To Whom | n Paid | | | мо | DAY | YEAR | | | |
| PRINTING | G CONCEPTS | | | MO | | TLAK | | | |
| Mailing A | ddress | | | 3 | 1 | 2019 | \$ | 75.45 | |
| City E | RIE | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | • | | |
| | | PA | 16506 | PRINTI | NG | | | | |
| To Whom | o Whom Paid | | | мо | DAY | YEAR | | | |
| IRON EM | ON EMPIRE CLOTHING | | | MO | | | | | |
| Mailing A | ddress | | | 3 | 1 | 2019 | \$ | 569.25 | |
| City E | RIE | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | • | | |
| | | PA | 16501 | CAMPAI | GN PROM | DTIONS | | | |

| | | | | | | | | PAGE 12 |
|----------|-------------------------|-----------------------|-------------------------|---------|-------------|----------|---------|------------|
| To W | hom Paid | | | мо | DAY | YEAR | | |
| FAST | SIGNS | | | | | | | |
| Maili | ng Address | | | 4 | 1 | 2019 | \$ | 332.83 |
| City | ERIE | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | PA | 16501 | SIGNAG | GE | | | |
| To W | hom Paid | | | мо | DAY | YEAR | | |
| MY M | 1&Ms | | | MO | | | | |
| Maili | ng Address | | | 3 | 1 | 2019 | \$ | 240.13 |
| City | NEW YORK | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | NY | 10019 | CAMPA | IGN PROM | OTIONS | | |
| To W | hom Paid | | | мо | DAY | YEAR | | |
| СОМ | MONWEALTH OF PA | | | MO | | | | |
| Maili | ng Address | | | 1 | 4 | 2019 | \$ | 200.00 |
| City | HARRISBURG | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| PA 17120 | | | | FILING | FEE | | | |
| To W | hom Paid | | | мо | DAY | YEAR | | |
| FACE | BOOK | | | MO | | | | |
| Maili | ng Address | | | 1 | 15 | 2019 | \$ | 154.16 |
| City | MENLO PARK | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | CA | 94025 | REGIST | RATION | | | |
| To W | hom Paid | | | мо | DAY | YEAR | | |
| VIST | APRINT | | | MO | | | | |
| Maili | ng Address | | | 2 | 1 | 2019 | \$ | 83.73 |
| City | LEXINGTON | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | МА | 02421 | THANK | YOU CARE | S | | |
| To W | hom Paid | | | мо | DAY | YEAR | | |
| STAN | IDOUT STICKERS | | | MO | | | | |
| Maili | ng Address | | | 3 | 1 | 2019 | \$ | 45.00 |
| City | MEDINA | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | ОН | 44256 | CAMPA | GN PROM | OTION ST | TICKERS | |
| | | | | | | | | PAGE TOTAL |
| Ente | r Grand Total of Expend | ditures on Page 1, Re | port Cover Page, Item D |). | | | \$ | 4,897.16 |
| | | | | | | | | |