

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 :		2019C0120		Report Filed By :		CANDIDATE		✓		COMMITTEE		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: SMITH, EDWIN W													
Street Address:													
City:						State:				Zip Code: 16415			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7.	Year 2019	FILING METHOD () CHECK ONE			PAPER	✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
JUDGE OF THE COURT OF COMMON PLEAS						MO	DAY	YEAR	6	CPJ	DEM	25	
						11	5	2019	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY				
		1	1	2019		4	1	2019					
A. Amount Brought Forward From Last Report						\$ 0.00							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 4,897.16							
C. Total Funds Available (Sum Of Lines A and B)						\$ 4,897.16							
D. Total Expenditures (From Schedule III)						\$ 4,897.16							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 0.00							
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00							
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00							

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
SMITH, EDWIN W	From: <u>1/1/2019</u> To: <u>4/1/2019</u>

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)	\$ 4,897.16

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.)	\$ 4,897.16
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------

<div>PART B</div> <div>ALL OTHER CONTRIBUTIONS</div> <div>\$50.01 TO \$250.00</div> <div>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)</div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributor				MO	DAY	YEAR
Mailing Address						
City	State	Zip Code (Plus 4)				
						\$ 0.00

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 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	Reporting Period
	From: To:

			DATE	AMOUNT		
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Employer Name			Occupation			
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
\$ 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 SMITH, EDWIN W	Reporting Period From: <u>1/1/2019</u> To: <u>4/1/2019</u>
--------------------------------------------------------------------	--------------------------------------------------------------------------

				DATE			AMOUNT
Full Name				MO	DAY	YEAR	
EDWIN SMITH							
Mailing Address WEST 53RD ST				3	29	2019	\$ 4,897.16
City FAIRVIEW	State PA	Zip Code (Plus 4) 16415					
Receipt Description PAYMENT OF EXPENSES							

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

PAGE TOTAL
\$ 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> To: <u>4/1/2019</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:
---------------------------------------	----------------------------------------------------------------------

			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

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
SMITH, EDWIN W	From <u>1/1/2019</u> To: <u>4/1/2019</u>

DATE				AMOUNT		
To Whom Paid JEZREE FRIEND			MO	DAY	YEAR	\$ 1,600.00
Mailing Address 2171 WEST 38TH ST			1	15	2019	
City ERIE	State PA	Zip Code (Plus 4) 16508	Description of Expenditure CONSULTANT			
To Whom Paid PURE BUTTONS			MO	DAY	YEAR	\$ 451.79
Mailing Address 4930 CHIPPEWA RD			2	1	2019	
City MEDINA	State OH	Zip Code (Plus 4) 44256	Description of Expenditure CAMPAIGN PROMOTION			
To Whom Paid DIRECT PRMOTIONS			MO	DAY	YEAR	\$ 695.38
Mailing Address 29295 AGOURA RD			2	1	2019	
City AGOURA HILLS	State CA	Zip Code (Plus 4) 91301	Description of Expenditure CAMPAIGN PROMOTION SUPPLIES			
To Whom Paid PROMOTIONS NOW			MO	DAY	YEAR	\$ 449.44
Mailing Address 1270 GLEN AVE			2	1	2019	
City MOORESTOWN	State NJ	Zip Code (Plus 4) 08057	Description of Expenditure CAMPAIGN PROMOTION SUPPLIES			
To Whom Paid PRINTING CONCEPTS			MO	DAY	YEAR	\$ 75.45
Mailing Address 4982 PACIFIC AVE			3	1	2019	
City ERIE	State PA	Zip Code (Plus 4) 16506	Description of Expenditure PRINTING			

To Whom Paid IRON EMPIRE CLOTHING			MO	DAY	YEAR	\$ 569.25
Mailing Address 169 WEST 14TH ST			3	1	2019	
City ERIE	State PA	Zip Code (Plus 4) 16501	Description of Expenditure CAMPAIGN PROMOTIONS			

To Whom Paid FASTSIGNS			MO	DAY	YEAR	\$ 332.83
Mailing Address 144 WEST 12TH ST			4	1	2019	
City ERIE	State PA	Zip Code (Plus 4) 16501	Description of Expenditure SIGNAGE			

To Whom Paid MY M&Ms			MO	DAY	YEAR	\$ 240.13
Mailing Address 1600 BROADWAY			3	1	2019	
City NEW YORK	State NY	Zip Code (Plus 4) 10019	Description of Expenditure CAMPAIGN PROMOTIONS			

To Whom Paid COMMONWEALTH OF PA			MO	DAY	YEAR	\$ 200.00
Mailing Address NORTH OFFICE BLDG			1	4	2019	
City HARRISBURG	State PA	Zip Code (Plus 4) 17120	Description of Expenditure FILING FEE			

To Whom Paid FACEBOOK			MO	DAY	YEAR	\$ 154.16
Mailing Address 1 HACKER WAY			1	15	2019	
City MENLO PARK	State CA	Zip Code (Plus 4) 94025	Description of Expenditure REGISTRATION			

To Whom Paid VISTAPRINT			MO	DAY	YEAR	\$ 83.73
Mailing Address 95 HAYDEN AVE			2	1	2019	
City LEXINGTON	State MA	Zip Code (Plus 4) 02421	Description of Expenditure THANK YOU CARDS			

To Whom Paid STANDOUT STICKERS			MO	DAY	YEAR	
Mailing Address 4930 CHIPPEWA RD			3	1	2019	
City MEDINA	State OH	Zip Code (Plus 4) 44256	Description of Expenditure CAMPAIGN PROMOTION STICKERS			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 4,897.16

