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	2019	C0120				port		CANDI	DATE	✓	CC	MMITTEE		LOBI	BYIST		
Name of Filing C	committe	e, Candida	ate or L	obbyist:		SM	ITH,	EDWI	N W									
Street Address:																		
City:									State:				Zip Code	e: 16	415			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	√ No)	
(place X to the right of	6TH TUES		4. X	2ND FRIDA ELECTION	y pri	≣-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No)	√
report type)	ANNUAL	. REPORT	7.	Year 2019					IG METHO				PAPER		✓	DISKE	TTE	
Name of Office S	L Sought by	, Candidat	e:						DATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	Cour	
									МО	DAY	YEA	R	6	CPJ	DEN	1	25	•
JUDGE OF THE	COURT (OF COMM	ON PLE	AS					11		5 2	2019		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	Receipts	s and	МО	DAY	YEAR	ł			МО	DAY	YEA	R	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			6 11	2	019	T	0	9		16	2019						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$			•	0.00						
B. Total Moneta	ary Contr	ibutions <i>F</i>	And Rec	eipts (From	Sche	dule	e I)	\$			99	7.64						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			99	7.64						
D. Total Expend	ditures (I	From Sche	edule II	I)				\$			99	7.64						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			(0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$			(0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	')			\$			(0.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	didate re	eport, o	candida	te sig	jn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper o	or by elect	ronic m	edium, a	re to 1	the best of	my know	rledge	and beli	ef , tr	ue
Sworn to and subs	cribed befo	ore me this		20							Sig	nature	of Person	Submitt	ing Rep	oort		_
	_	Signatur	re					- -					Printe	ed Name				_
My Commission Ex	cpires	_						_					Email					
		МО	D	AY	YR					Are	ea Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee has n	ot viola	ted any _l	provis	ions of the	act of Ju	ine 3,1	937 (P.I	133	3,
Sworn to and subsc		re me this		20								s	ignature of	Candida	te			-
	day of —							_					Printed	Name				-
		Signature						-										_
My Commission Exp	ires												Email					
	_	МО	D	AY	YR	l l		-		Area	Code		Day	time Te	lephor	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
SMITH, EDWIN W	From:	6/11/20	<u>L9</u> To:	9/16/2019
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)	\$	997.64
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			\$	997.64

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val								
Name of Filing Comm	nittee or Candidate		Re	porting	Period				
				From: To) :		
		•			DATE			AMOUNT	
Full Name of Contributi	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	4)						
	•	•		•	•	•	$\overline{}$	PAGE TOTAL	

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

PAGE TOTAL \$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 Filing Committee of Candidate			Reporting Period From: To:					
					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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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 Can	didate			Rep	orting Pe	riod			
				Froi	m:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	,			Occupa	tion	•	•	
Employer Mailing Address/Princi Business	pal Place of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C o	n Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE 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 Candidate			Report	ing Perio	d			
SMITH, EDWIN W			From:		6/11/201	<u>.9</u> To:		9/16/2019
				D	ATE			AMOUNT
Full Name EDWIN SMITH				МО	DAY	YEAR		
Mailing Address 5274 WEST 53RD S	TREET						\$	997.64
City ERIE	State PA	Zip Code (16415	Plus 4)	9	16	2019	9	
Receipt Description CANDIDATE PA	AID EXPENSES							
Enter Grand Total of Part E on Schedu	ule T. Detailed Sumi	mary Page	Section	4				PAGE TOTAL
Lines Grand Total of Fare 2 on Schedu	ne 1, Detanea Sann	mary rage,	Section				\$	997.64

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 Perio	d	
SMITH, EDWIN W	From:	6/11/2019 To:	9/16/2019
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 Candidat	te		Reporting	g Period			
			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 Sch Section 2.	hedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTAL
occuon 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	1				Re	porting	Period				
					Fro	om:		То	:		
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•					Occupa	ation				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Sci Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed					PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Co	andidate		Reporti	ng Period			
SMITH, EDWIN W			From	<u>6/1</u>	1/2019	То:	9/16/2019
				DATE			AMOUNT
To Whom Paid FACEBOOK			МО	DAY	YEAR		
Mailing Address 1 HACKER \	WAY		9	16	2019	\$	83.64
City MENLO PARK	State CA	Zip Code (Plus 4) 94025		otion of Exp	penditure	2	
To Whom Paid CAMPAIGN SIDEKICK			мо	DAY	YEAR		
Mailing Address 1550 OLD A	ANNETTA RD		9	16	2019	\$	264.00
City ALEDO	State TX	Zip Code (Plus 4) 76008	Descrip PHONE	otion of Exp	penditure	2	
To Whom Paid PURE BUTTONS			МО	DAY	YEAR		
Mailing Address 4930 CHIPP	PEWA RD		9	16	2019	\$	104.30
City MEDINA	State OH	Zip Code (Plus 4) 44256		otion of Exp			
To Whom Paid ERIE COUNTY			МО	DAY	YEAR		
Mailing Address 140 WEST 6	STH ST		9	16	2019	\$	35.00
City ERIE	State PA	Zip Code (Plus 4) 16501	Descrip FEE	otion of Exp	penditure	2	
To Whom Paid 4IMPRINT			мо	DAY	YEAR		
Mailing Address 101 COMME	ERCE ST		9	16	2019	\$	510.70
City OSHKOSH State Zip Code (Plus 4) WI 54901				otion of Exp		2	
Enter Grand Total of Forest	lituros en Doca 1 Da	mort Cover Bags Its.	`				PAGE TOTAL
Enter Grand Total of Expend	intures on Page 1, Re	port Cover Page, Item I	<i>)</i> .			\$	997.64