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	01501	L37			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBE	SYIST	
Name of Filing C	Committee, Can	didate	e or Lo	bbyist:		FRIE	ND:	S OF	NATASH <i>i</i>	A TAYL	OR S	MITH					
Street Address:	654 MEET	INGHO	OUSE I	ROAD													
City:	ELKINS PA	ιRK							State:	PA			Zip Cod	ie: 19	027		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRIDAY PRIMARY	/ PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FRIDAY ELECTION	/ PRE	- 5	5.	30 DA ELECT		POST-	6. X		TERMINA REPORT?		Yes	No	~
report type)	ANNUAL REPO)RT 7.		Year 2015					IG METHO				PAPER		/	DISKE	TTE
Name of Office S	ought by Cand	lidate:	:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
									МО	DAY	YE	AR		10000	DEM	l	-
									11		3	2015		(SEE IN	STRUCTIO	ONS FOR C	ODES)
Summary of Expenditures		ı <u>'</u>	МО	DAY	YEAR			_	МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY	
			1	.0 20	2	015	Т	<u> </u>	11		23	2015					
A. Amount Bro	ught Forward F	=rom L	Last Re	eport				\$			22,7	750.00					
B. Total Moneta	ary Contributio	ns An	d Rece	eipts (From	Sche	dule	I)	\$				0.00					
C. Total Funds Available (Sum Of Lines A and B) \$ 22,750.00																	
D. Total Expend	ditures (From S	Sched	ule III	:)				\$			22,7	750.00					
E. Ending Cash	Balance (Subt	ract L	ine D F	From Line (:)			\$				0.00					
F. Value Of In-	Kind Contribut	ions R	Receive	ed (From Sc	hedu	le II)	\$				0.00					
G. Unpaid Debt	s And Obligation	ons (F	rom S	chedule IV)			\$				0.00			1		
					AFF	IDA	VI	T SE	CTION								
PART I - If this is		-	•	_								_					
I swear (or affirm) correct and comple		includ	ling the	attached sch	edules	filed	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me day of	this		20							S	Signature	of Perso	n Submit	ting Rep	ort	
								<u>-</u>					Prin	ted Name	<u> </u>		
My Commission Ex	_	nature											Ema	il			
	МО		DA	·Υ	YR			-		Are	ea Cod	le		e Teleph	one Nu	mber	
Part II- If this is	a report of a c	candid	late's a	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		of my	knowle	dge and belie	ef this	polit	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me t	this										Si	ignature o	of Candid	ate		
	day of							_					Duint-	d Name			
	Signatı							-					Printe	d Name			
My Commission Exp	_	41 C											Ema	il			
	мо		DA	ıΥ	YR			•		Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -						
Name of Filing Committee or Candidate	Reporting	g Period				
FRIENDS OF NATASHA TAYLOR SMITH	From:	10/20/201	<u>5</u> To:	11/23/2015		
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)	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		
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	J 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 Fining Committee of Candidate			Reporting Period From: To:					
			l		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		Α	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 Sch	edule I, Detailed S	ummary P	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			Rep	orting Pe	riod			
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section .	on 3.			\$	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 C	Candidate		Report	ting 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 o	on Schedule I. Detailed	d Summary Page.	Section	4.			PAGE TOTA	ıL
		· • • • • • • • • • • • • • • • • • • •					\$ C	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 Peri	od	
FRIENDS OF NATASHA TAYLOR SMITH	From:	<u>10/20/2015</u> To:	11/23/2015
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	:e		Reporting	g Period			
			From:			То:	
				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	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai 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				Re	porting P	Period			
				Fro	om:		То:		
						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	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
FRIENDS OF NATASHA TAYLOR SMITH	From	10/20/2015	То:	11/23/2015	

				DATE			AMOUNT
To Whom Paid JAMES SMITH				DAY	YEAR		
Mailing Address 654 MEETINGHOUSE ROAD				5	2015	\$	22,750.00
City ELKINS PARK	State PA	Zip Code (Plus 4) 19027	1	otion of Exp			
Enter Grand Total of Evnenditu							
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							22,750.00