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	20190	C0120				port ed B		CANE	DIDAT	Έ	✓ Co	OMMITTEE	MMITTEE LOBBYIST				
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		SMI	ΙΤΗ,	EDWI	N W									
Street Address:																		
City:									State:				Zip Code: 16415					
TYPE OF REPORT	6TH TUES PRE-PRIN	_	1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST	- 3	3.	AMENDME REPORT?					
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	ELECTION				Y ION	POST	- -	5.	TERMINATREPORT?					
report type)	ANNUAL	. REPORT	7. X	Year 2019					IG MET				PAPER		DISKE	TTE		
Name of Office S	ought by	/ Candidat	:e:			•			DATE	OF E	LEC	TION	District Number	Office Code	Party Code	County Code		
JUDGE OF THE	COLIDT (ON DIE	۸ς					МО	DA	Y	YEAR	6	CPJ DEM 25				
JODGE OF THE	COURT	or comm	JN FLL	43					1	1	į	5 2019		(SEE IN	STRUCTIONS FOR	CODES)		
Summary of		s and	МО	DAY	YEAR	ł			МО	DA	Y	YEAR	FOF	OFFIC	E USE ONLY			
Expenditures	from:		1	11 26	2	019	Т	<u> </u>	1	2	3	1 2019						
A. Amount Bro	ught For	ward From	ı Last R	eport				\$				0.00						
B. Total Moneta	ary Contr	ibutions <i>A</i>	Ind Rec	eipts (From	Sche	dule	e I)	\$				7,685.48						
C. Total Funds	Available	(Sum Of	Lines A	and B)		\$					7,685.48							
D. Total Expend	ditures (I	From Sche	dule II	I)				\$				7,685.48						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				0.00						
F. Value Of In-	Kind Con	tributions	Receive	ed (From Se	chedu	le II	I)	\$				0.00	1					
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV)			\$				0.00			•			
					AFF	IDA	AVI	T SE	CTIO	J								
PART I - If this is	a Comm	nittee repo	ort, trea	surer sign l	here.	If th	nis is	a Can	didate	repor	t, ca	ndidate si	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	nedule	s file	d on	paper (or by ele	ctronic	med	dium, are to	the best of	my knov	wledge and beli	ef , true		
Sworn to and subs	cribed bef day of	ore me this		20								Signatur	e of Person	Submit	ting Report			
	_	Signatur	re					- -					Printe	ed Name	3			
My Commission Ex	pires												Email					
		мо	D#	AY	YR						Area	Code	Daytime	Teleph	one Number			
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate sha	ll sign	hei	re.						
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	tical	commi	ittee has	not vi	olate	ed any provis	sions of the	act of J	une 3,1937 (P.L	. 1333,		
Sworn to and subsc	ribed befo day of	re me this		20								5	Signature of	Candida	ate			
	——————————————————————————————————————							-		_			Printed	Name		<u> </u>		
		Signature						-								[
My Commission Exp	ires												Email					
	-	МО	D/	AY	YR	l l		•		Ar	ea C	ode	Day	ytime T	elephone Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
SMITH, EDWIN W	From:	11/26/201	<u>.9</u> To:	12/31/2019
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)	\$	7,685.48
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			\$	7,685.48

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 Candidate					Reporting Period						
			Fr	om:		То	:				
					DATE			AMOUNT			
Full Name of Contributing Committ	ee			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

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 or Candidate				Reporting Period						
F			From: T				o:			
		•			DATE			AMOUNT		
Full Name of Contributor	Full Name of Contributor				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.

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 Ca	Reporting	Period						
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Comn	nittee			мо	DAY	YEAR		0.00
Mailing Address							*	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	n Schedule I, Detailed	d 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.)

			Repo	orting Pe	riod			
			Fron	n:		T	0:	
				D	ATE			AMOUNT
				мо	DAY	YEAR	\$	0.00
State	Zi	p Code (Plus	s 4)					
				Occupa	tion			
ce of Business		City			State		Zip	Code (Plus 4)
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: MO State Zip Code (Plus 4) Occupa	From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State	State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3.	From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip

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 Co	lame of Filing Committee or Candidate								
SMITH, EDWIN W			From:		11/26/201	<u>.9</u> To:	12/31/2019		
				D	ATE			AMOUNT	
Full Name				МО	DAY	YEAR		45.20	
EDWIN SMITH				MO	DAI	ILAK	_ \$	45.28	
Mailing Address				12	2	2019	,		
City FAIRVIEW	State	Zip Code (Plus 4)						
	PA	16514							
Receipt Description CANDII	DATE PAID EXPENSES	'		•	•	•	•		
Full Name				мо	DAY	YEAR		7.640.20	
ED SMITH FOR JUDGE COMMIT	TEE			МО	DAT	TEAR	\$	7,640.20	
Mailing Address				12	30	2019			
City ERIE	State	Zip Code (Plus 4)						
	PA	16505							
Receipt Description PAYBAC	CK PORTION OF CANDID	DATE LOAN			•		-		
	6		. .:	_				PAGE TOTAL	
Enter Grand Total of Part E or	i Schedule I, Detailed	Summary Page,	Section	4.			\$	7,685.48	

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	od	
SMITH, EDWIN W	From:	11/26/2019 To:	<u>12/31/2019</u>
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	TF)		
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 Candidate	Reporting 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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

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

7,685.48

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporti	ng Period						
SMITH, EDWIN W	From	From <u>11/26/2019</u> To: <u>12/3</u>						
	DATE AMOU							
To Whom Paid	МО	DAY	YEAR					
FACEBOOK								
Mailing Address	12	2	2019	\$	45.28			
City MENLO PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	CA	94025	ADVERTISING					
To Whom Paid			МО	DAY	YEAR			
EDWIN SMITH			1-10	-	I EAR			
Mailing Address			12	30	2019	\$	7,640.20	
City FAIRVIEW	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	16514	REPAY	CANDIDAT	E PORTIC	ON OF LC	DAN		
Enter Grand Total of Exper).				PAGE TOTAL			