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	2022	C0501				port ed B		CAND	DATE	✓	СС	MMITTEE		LOBE	YIST		
Name of Filing C	Committee	e, Candid	ate or L	obbyist:		ROB	BERT	E. SI	MITH JR.									
Street Address:																		
City:									State:				Zip Code	: 18	109			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDAY PRIMARY	PRE-	. [2	2.	30 DA PRIMA		POST-	3. X		AMENDME REPORT?	NT	Yes	No	~	
(place X to the right of	6TH TUES		4.	2ND FRIDAY ELECTION	PRE	- !	5.	30 DA ELECT		POST- 6.			TERMINAT REPORT?	ION	Yes	No	~	
report type)	ANNUAL	REPORT	7.	Year 2022					IG METH				PAPER		\checkmark	DISKE	TTE	
Name of Office S	ought by	Candida	te:	-		-			DATE C	F ELE	CTION		District Number	Office Code	Par	ty Code	County	,
									МО	DAY	YEA	R	22	STH	REP		couc	
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					11		8 2	2022		(SEE IN:	STRUCTIO	ONS FOR C	ODES)	
Summary of		and	МО	DAY	YEAR				МО	DAY	YEA	R	FOR	OFFIC	CE USE	ONLY		
Expenditures	i from:			5 3	20)22	Т	0	6	5	6	2022						
A. Amount Bro	ught Forv	vard Fron	n Last R	eport				\$				0.00						
B. Total Moneta	ary Contr	ibutions <i>i</i>	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (F	rom Sch	edule II	I)				\$				0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line C)			\$			(0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From Scl	hedul	e II	[)	\$			(0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)				\$				0.00			'			
					AFF:	IDA	٩VI	T SE	CTION									
PART I - If this is		•	•	-						-								
I swear (or affirm) correct and comple		report, incl	uding the	attached sche	edules	filed	d on	paper (or by elect	ronic m	edium, a	re to 1	the best of	my knov	wledge a	and belie	ef , true	
Sworn to and subs	cribed befo	ore me this	:	20							Sig	nature	of Person	Submit	ing Rep	ort		
		Signatu	re					-					Printe	d Name)			1
My Commission Ex	cpires							_					Email					ı
		мо	D	AY	YR					Ar	ea Code		Daytime	Teleph	one Nu	nber		
Part II- If this is	a report	of a cand	lidate's	authorized C	Comm	itte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of n	ny knowle	edge and belief	f this	polit	tical	commi	ittee has r	ot viola	ted any	provis	ions of the	act of J	une 3,19	937 (P.L	. 1333,	
Sworn to and subsc		re me this										S	ignature of	Candida	ate			
	day of —							-					Printed	Name				
		Signature						-										
My Commission Exp	ires							_					Email					
	_	мо	D	AY	YR			-		Area	Code		Day	time T	elephon	e Numb	er	1

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
ROBERT E. SMITH JR.	From:	5/3/202	<u>2</u> To:	6/6/2022
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)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

	this Part to itemize only with an aggregate valu	-			•			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•	•		•	•		DACE 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	or Candidate		Rep	oorting P	eriod			
			Fro	m:		To) :	
					DATE		Α	MOUNT
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 Candi	nme of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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.)

lame of Filing Committee or Candidate			Reporting Period						
		Fron	n:		То	То:			
			D/	ATE		АМ	OUNT		
			МО	DAY	YEAR				
Mailing Address City State Zip Code (Plus 4)						\$	0.00		
State	Zip Code (Plus	s 4)							
			Occupat	tion					
e of	City			State		Zip Code	(Plus 4)		
dule I, Detailed Su	ımmary Page,	Section	on 3.				GE TOTAL 0.00		
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Other State	State Zip Code (Plus 4) Occupation Occupation Other State Occupation Output Outp	DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation City State Zip Code		

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	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	Section	••			\$		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 Period		
ROBERT E. SMITH JR.	From:	<u>5/3/2022</u> To:	<u>6/6/2022</u>
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	ame of Filing Committee or Candidate									
	Fr					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	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	ame of Filing Committee or Candidate				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 Candida	Reporti	ng Period					
	From			То:			
		•		DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	otion of Ex	penditure		
Forting Council Total of Forman distance					PAGE TOTAL		
Enter Grand Total of Expenditure	s on Page 1, Ro	eport Cover Page, Item D	·-			\$	0.00