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		CAN	ANDIDATE COMMITTEE LOBBYIST									
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:					MITH J	ıR.									_
		-																	
Street Address:									I					I		100			
City:	_								State:					Zip Code	e: 18	109			
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	No)	√		
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	Y PRE	E-	5. X	30 DA ELECT		Р	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	1	√
report type)	ANNUAL	. REPORT	7.	Year 2022					IG MET					PAPER		✓	DISKE	TTE	
Name of Office S	Sought h	. Candida							DATE	0	F ELE	CTI	ON	District	Office	Par	ty Code		
Name of Office S	ougnt by	/ Candidat	te:						МО		DAY		'EAR	Number 22	Code STH	REP	,	Code	-
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY						11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	
Summary of	Receipts	s and	МО	DAY	YEAR	2	П		МО		DAY	Y	/EAR	FOF	OFFIC	E USE	ONLY		
Expenditures				9 20	2	022	Т	0		10	2	24	2022						
A. Amount Bro	ught For	ward Fron	n Last R	eport				\$	•			•	0.00						
B. Total Moneta	ary Contr	ributions A	And Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (I	From Sche	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 S	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	ts And Ob	oligations	(From S	Schedule IV)			\$					0.00		,				
					AFF	ID	AVI	T SE	CTIO	N									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate	re	port, c	and	idate sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper	or by el	ectr	onic me	ediur	n, are to t	he best of	my know	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed bef day of	ore me this		20						•			Signature	of Person	Submitti	ing Rep	ort		_
	_	Signatu	re					- -						Printe	ed Name				-
My Commission Ex	cpires	0.5								-				Email					-
		мо	D	AY	YR						Are	ea Co	ode	Daytime	Telepho	one Nu	mber		_
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		ne best of m	ny knowle	edge and beli	ef this	poli	itical	comm	ittee ha	s no	ot violat	ted a	ny provisi	ions of the	act of Ju	ne 3,1	937 (P.L	. 133	3,
Sworn to and subsc		re me this											Si	ignature of	Candida	te			-
	day of —			_ 20				_						Delina.	Nag				_
		Signature						-						Printed	Name				
My Commission Exp		Signature								•				Email					-
	-	мо	D	AY	YR	ł		•			Area	Code	1	Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
ROBERT E. SMITH JR.	From:	<u>9/20/202</u>	<u>2</u> To:	10/24/2022
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

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 Commit	Name of Filing Committee or Candidate			Reporting Period							
				Fro	m:		To	:			
			'			DATE			AMOUNT		
Full Name of Contributin	ng Committee				мо	DAY	YEAR				
Mailing Address								\$	0.00		
City		State	Zip Code (Plus 4))							

PAGE TOTAL
0.00

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

PART B 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.

(EXCIU	ue contributions fro	om pontical comm	iiile	es re	ported	III Part	A)			
Name of Filing Committe	Name of Filing Committee or Candidate Reporting Period									
		From: To:								
		ı			DATE			AMOUNT		
Full Name of Contributor				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

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	ame of Filing Committee or Candidate			Reporting Period							
			From:			То:					
				DA	TE		P	AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR		0.0			
Mailing Address							- \$	0.0			
City	State	Zip Cod	e (Plus 4)								
								PAGE TOTAL			
Enter Grand Total of Part C on Schedule I, Detailed Summary 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.)

ame of Filing Committee or Candidate				Reporting Period						
F					From:			To:		
				DATE			AMOUNT			
Full Name of Contributor					DAY	YEAR	\$	0.00		
State	Zi	p Code (Plus	s 4)							
				Occupation						
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 Candidate		Report	ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dome C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	4.			\$	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	d	
ROBERT E. SMITH JR.	From:	<u>9/20/2022</u> To:	<u>10/24/2022</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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Reporting Period					
	F					То:				
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						7 \$		0.00		
City	State	Zip Code (Plus 4)								
Description of Contribution:	-	-	•	•	•					
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail			iled Sum	mary Pag	ge,		PAGE TOTA	L		
Section 2.						\$		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				orting	Period					
				Fro	From:			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 Place of Business City					e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on	
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL	
Summary Page, Section 3.										0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate				Reporting Period					
	From			То:						
		DATE		AMOUNT						
To Whom Paid	мо	DAY	YEAR							
Mailing Address						\$	0.00			
City	Description of Expenditure									
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL			
Lines Grand Total Of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00			