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	20220	0260				Repo Filed		:	CAN	DIE	DATE		COMN	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee	, Candida	te or Lo	obbyis	st:	C	COMM	1ITTE	EE 1	O ELE	СТ	ROBE	RT E	. SMITI	∃ JR.					
Street Address:	1060	E. GORD	ON ST.																	
City:	ALLEN	ITOWN								State:		PA			Zip Cod	l e: 18	109			
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND I PRIM	FRIDAY ARY	PRE-	2.		D DA		P	OST-	3.		AMENDM REPORT?		Yes	N	lo	\
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND I		PRE-	- 5.	-	DA ECT	Y ION	P	OST-	6.		TERMINA REPORT?		Yes	١	lo	/
report type)	ANNUAL	REPORT	7. X	Year	2022					IG MET					PAPER		√	DISK	ETTE	
Name of Office S	ought by	Candidat	e:				•			DATE	OI	FELEC	CTIO	N	District Number	Office Code	Par	ty Cod	e Coui	
REPRESENTATI	VE IN THE	GENER	ΔΙ ΔSS	FMRI '	Υ					МО		DAY	YE	AR	22	STH	REF	1		
	VE 214 1111	CENTER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							:	11		8	2022		(SEE INS	TRUCTI	ONS FO	R CODES	5)
Summary of Expenditures		and	МО	DA		YEAR				МО		DAY	YE	AR	FO	R OFFIC	E USE	ONLY	•	
				11	29	20	22	TO			1		2	2023						
A. Amount Bro				-					\$					0.00						
B. Total Moneta	ary Contril	butions A	and Rec	eipts	(From	Sched	lule I)	\$					0.00						
C. Total Funds	Available	(Sum Of	Lines A	and E	3)				\$					0.00						
D. Total Expend	ditures (Fi	om Sche	dule II	I)				_	\$					0.00						
E. Ending Cash	Balance (Subtract	Line D	From	Line C	:)		+	\$				1,6	78.61						
F. Value Of In-							e II)	_	\$					0.00		,				
G. Unpaid Debt	s And Obl	igations	(From S	Schedu	ule IV)			\$					0.00						_
						AFFI	DA۱	/IT	SE	CTIO	N									
PART I - If this is I swear (or affirm)		-	-		_									_		my knou	enhalv	and he	lief tr	110
correct and comple		sport, men	ading the	actuci	icu scii	cuuics	illeu c	,,, pa	pei (or by cit	_	ome me	didiii	are to t	ine best of	my knov	vicuge	ana be	ilei , ti	
Sworn to and subs	cribed before day of	re me this		20									s	ignature	of Persoi	n Submitt	ing Re _l	ort		
		Signatur	e					_			-				Print	ted Name				
My Commission Ex	opires –										-				Emai	I				
	N	10	D/	AY		YR						Are	a Cod	e	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report o	of a cand	idate's	autho	rized	Commi	ittee,	Can	dida	ate sha	ıll s	ign he	re.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge ar	nd belie	f this p	politic	al co	mmi	ittee ha	s no	t violat	ed an	y provisi	ions of the	act of Ju	ine 3,1	937 (P	.L. 133	3,
Sworn to and subsc	ribed before day of	e me this		20										Si	ignature o	f Candida	ite			_
				_				_							Printe	d Name				-
		ignature						_			-				Emai	1				_
My Commission Exp	ires																			_
		мо	D/	AY		YR						Area (Code		Da	ytime Te	lephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
COMMITTEE TO ELECT ROBERT E. SMITH JR.	From:	11/29/202	<u>22</u> To:	1/2/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
			1	
Total Monetary Contributions and Receipts During this Reporting Period (Add at 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

Name of Filing Committee or Candidate			ng P	eriod			
		From:			То	:	
				DATE			AMOUNT
Committee		МС	,	DAY	YEAR		
						\$	0.00
State	Zip Code (Plus 4)						
		Committee	Committee	Committee	DATE MO DAY	DATE Committee MO DAY YEAR	DATE Committee MO DAY YEAR \$

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 Filling 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		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 Candidate	ame of Filing Committee or Candidate			Reporting Period						
			Fron	n:		То	То:			
				D/	ATE		А	MOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address City State Zip Code (Plus 4)							\$		0.00	
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupat	ion					
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 Su	ımmary 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	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Per	iod	
COMMITTEE TO ELECT ROBERT E. SMITH JR.	From:	11/29/2022 To:	1/2/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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	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 Candid	ate		Reportin	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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	ge,		PAGE TOTAL	
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				Reporting	Period				
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period				
			From			То:		
				DATE			AMOUNT	
To Whom Paid	МО	DAY	YEAR					
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure			
							PAGE TOTAL	
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00	