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 2	20220)575			Rep File			CANDI	DATE		СОМ	ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Ca	andida	te or Lo	bbyist:		FRIE	ND:	S OF .	JUDGE H	ARRY	SMAI	L	<u> </u>				•	
Street Address:	P.O. BOX	(1173	32															
City:	HARRISB	BURG							State:	PA			Zip Cod	le: 17	7108			
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.		TERMINA REPORT		Yes	No		/
report type)	ANNUAL REP	ORT	7. X	Year 2022					NG METHO	and the second s					\	DISKE	TTE	
Name of Office S	Sought by Can	ndidate	e:						DATE 0	TE OF ELECTION District Office Number Code					ty Code	Coun		
									МО	DAY	YE	AR	ivamber	code			couc	
									11		8	2022		(SEE IN	STRUCTI	ONS FOR (CODES)	1
Summary of Expenditures		nd	МО	DAY	YEAR			_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
			1	.1 29	2	022	T	0	12		31	2022						
A. Amount Bro	ught Forward	l From	Last Re	eport				\$				0.00						
B. Total Monet	ary Contributi	ions A	nd Rece	eipts (From	Sche	dule	I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																		
D. Total Expenditures (From Schedule III) \$ 0.00																		
E. Ending Cash Balance (Subtract Line D From Line C) \$ 0.00																		
F. Value Of In-	Kind Contribu	ıtions	Receive	ed (From So	hedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligat	tions ((From S	chedule IV)			\$				0.00			1			
					AFF	IDA	VI	T SE	CTION									
PART I - If this is		=	-	_								_						
I swear (or affirm) correct and complete		rt, inclu	iding the	attached sch	edules	filed	on p	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , tru	ıe
Sworn to and subs	cribed before m	ne this		20							s	ignature	of Perso	n Submit	ting Re _l	oort		-
				·				-					Prin	ted Name	e			-
My Commission Ex	•	gnature	e										Ema	il				-
	МО		DA	Υ	YR			-		Are	ea Cod	le		e Telepi	none Nu	mber		-
Part II- If this is	a report of a	candi	idate's a	authorized	Comn	nitte	e, Ca	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		st of my	y knowle	dge and belie	ef this	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subso	ribed before me	e this										s	ignature o	of Candid	ate			-
	day of			20				_										_
	S!							-					Printe	d Name				
My Commission Exp	Signa vires	icure											Ema	il				-
		0	DA	ıΥ	YR			•		Area	Code		Da	aytime T	elephor	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF JUDGE HARRY SMAIL	From:	11/29/20	<u>22</u> To:	12/31/2022
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
			<u> </u>	
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 Page 1, 2,3 and 4; also enter this amount on Page1, Report Cover Page 2, 2,3,4,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5			\$	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	Name of Filing Committee or Candidate				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 Filing Committee of Candidate				Reporting Period From: To:				
					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 Re			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.)

ame of Filing Committee or Candidate				Reporting Period					
			Froi	m:		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 Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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	Name of Filing Committee or Candidate				od			
			From:			To:		
			•	D	ATE		А	MOUNT
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	l Summary Page	Section	4			P/	AGE TOTAL
	Juliana 1/ Butanet	. January rage,		••			\$	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	riod	
FRIENDS OF JUDGE HARRY SMAIL	From:	<u>11/29/2022</u> To:	12/31/2022
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	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 Candidate				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	Name of Filing Committee or Candidate					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	Cind C	Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

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