### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati<br>Number :            | on                  | 20230        | C0148       |                       |            |        | port<br>ed B |                | CAND               | NDIDATE COMMITTEE LOBBYIST |       |                       |                    |                        |         | BYIST    |          |     |  |
|---|---------------------|--------------|-------------|-----------------------|------------|--------|--------------|----------------|--------------------|----------------------------|-------|-----------------------|--------------------|------------------------|---------|----------|----------|-----|--|
| Name of Filing C                          | Committee           | e, Candida   | ate or Lo   | obbyist:              |            | HAF    | RRY          | SMAIL          | _                  |                            |       |                       |                    |                        |         |          |          | _   |  |
| Street Address:                           |                     |              |             |                       |            |        |              |                |                    |                            |       |                       |                    |                        |         |          |          |     |  |
| City:                                     |                     |              |             |                       |            |        |              |                | State:             |                            |       |                       | Zip Code           | <b>Zip Code:</b> 15601 |         |          |          |     |  |
| TYPE OF<br>REPORT                         | 6TH TUES            |              | 1. <b>X</b> | 2ND FRIDA<br>PRIMARY  | Y PRE      | -      | 2.           | 30 DA<br>PRIMA |                    | POST-                      | 3.    | AMENDMENT Yes REPORT? |                    |                        |         |          | •        | /   |  |
| (place X to<br>the right of               | 6TH TUES            |              | 4.          | 2ND FRIDA<br>ELECTION | Y PRE      | ≣-     | 5.           | 30 DA<br>ELECT |                    | POST-                      | 6.    |                       | TERMINAT REPORT?   | ΓΙΟΝ                   | Yes     | No       | •        | /   |  |
| report type)                              | ANNUAL              | REPORT       | 7.          | <b>Year</b> 2023      |            |        |              |                | IG METH<br>CHECK ( |                            |       |                       | PAPER              |                        | ✓       | DISKE    | TTE      |     |  |
| Name of Office S                          | Sought by           | · Candidat   | :e:         |                       |            |        |              |                | DATE (             | OF ELE                     | CTI   | ON                    | District<br>Number | Office<br>Code         | Par     | ty Code  | Count    | ty  |  |
|   |                     |              |             |                       |            |        |              |                | МО                 | DAY                        | Υ     | EAR                   | -1                 | SPR                    | REP     |          | Code     |     |  |
| JUDGE OF THE                              | SUPERIO             | or Court     | Γ           |                       |            |        |              |                | 1:                 | 1                          | 7     | 2023                  |                    | (SEE INS               | TRUCTI  | ONS FOR  | CODES)   |     |  |
| Summary of                                | Receipts            | and          | МО          | DAY                   | YEAR       | ł      |              |                | МО                 | DAY                        | Y     | EAR                   | FOF                | OFFIC                  | E USE   | ONLY     |          |     |  |
| Expenditures                              | from:               |              |             | 1 1                   | 2          | 023    | Т            | 0              | :                  | 3                          | 27    | 2023                  |                    |                        |         |          |          |     |  |
| A. Amount Bro                             | ught Forv           | ward Fron    | ı Last R    | eport                 |            |        | •            | \$             | •                  | •                          | •     | 0.00                  |                    |                        |         |          |          |     |  |
| B. Total Moneta                           | ary Contr           | ibutions A   | 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 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 II  | I)           | \$             |                    |                            |       | 0.00                  |                    |                        |         |          |          |     |  |
| G. Unpaid Debt                            | s And Ob            | ligations    | (From S     | Schedule IV           | <b>'</b> ) |        |              | \$             |                    |                            |       | 0.00                  |                    | '                      |         |          |          |     |  |
|   |                     |              |             |                       | AFF        | IDA    | AVI          | T SE           | CTION              |                            |       |                       |                    |                        |         |          |          |     |  |
| PART I - If this is                       | s a Comm            | ittee repo   | ort, trea   | surer sign            | here.      | If th  | nis is       | a Can          | ididate i          | eport,                     | candi | idate sig             | ın here.           |                        |         |          |          |     |  |
| I swear (or affirm)<br>correct and comple |                     | report, incl | uding the   | attached sc           | hedule     | s file | d on         | paper (        | or by elec         | tronic m                   | ediun | n, are to t           | he best of         | my know                | /ledge  | and beli | ef , tru | ie, |  |
| Sworn to and subs                         | cribed befo         | ore me this  |             | 20                    |            |        |              |                |                    |                            |       | Signature             | of Person          | Submitt                | ing Rep | ort      |          | -   |  |
|   | _                   | Signatur     | ·e          |                       |            |        |              | -<br>-         |                    |                            |       |                       | Printe             | ed Name                |         |          |          | -   |  |
| My Commission Ex                          | cpires              |              |             |                       |            |        |              | _              |                    |                            |       |                       | Email              |                        |         |          |          | -   |  |
|   |                     | мо           | D           | AY                    | YR         |        |              |                |                    | Ar                         | ea Co | de                    | Daytime            | Teleph                 | one Nu  | mber     |          |     |  |
| Part II- If this is                       | a report            | of a cand    | lidate's    | authorized            | Comn       | nitte  | ee, C        | andida         | ate shal           | l sign h                   | ere.  |                       |                    |                        |         |          |          |     |  |
| I swear (or affirm)<br>No 320) as amende  |                     | e best of m  | y knowle    | edge and beli         | ef this    | poli   | itical       | commi          | ittee has          | not viola                  | ted a | ny provis             | ions of the        | act of Ju              | ine 3,1 | 937 (P.L | . 1333   | ,   |  |
| Sworn to and subsc                        | ribed before day of | re me this   |             | 20                    |            |        |              |                |                    |                            |       | s                     | ignature of        | Candida                | te      |          |          | -   |  |
|   |                     |              |             |                       |            |        |              | -              |                    |                            |       |                       | Printed            | Name                   |         |          |          | -   |  |
|   |                     | Signature    |             |                       |            |        |              | -              |                    |                            |       |                       |                    |                        |         |          |          | _   |  |
| My Commission Exp                         | oires               |              |             |                       |            |        |              |                |                    |                            |       |                       | Email              |                        |         |          |          |     |  |
|   | _                   | мо           | D           | AY                    | YR         | l l    |              | -              |                    | Area                       | Code  |                       | Day                | time Te                | lephon  | e Numb   | er       | ۱ ا |  |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting Period |         |              |           |  |  |  |  |
|--|------------------|---------|--------------|-----------|--|--|--|--|
| HARRY SMAIL  | From:            | 1/1/202 | <u>3</u> To: | 3/27/2023 |  |  |  |  |
| 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  | J 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  | y 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      |  |  |  |  |
| 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 |                  |         | \$           | 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 Committee or Candidate |       |                   |      | Period |      |    |        |
|---------------------------------------|-------|-------------------|------|--------|------|----|--------|
|                                       |       | F                 | rom: |        | То   | :  |        |
|                                       |       |                   |      | DATE   |      |    | AMOUNT |
| Full Name of Contributing 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.

### 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: |                  | To   | <b>)</b> : |        |  |  |
|                                       |       | •                 |       | DATE             |      |            | AMOUNT |  |  |
| Full Name of Contributor              |       |                   | МО    | DAY              | YEAR |            |        |  |  |
|                                       |       |                   |       |                  |      | <b>\$</b>  | 0.00   |  |  |
| Mailing Address                       |       |                   |       |                  |      |            |        |  |  |
| Mailing Address  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 Candidate |                      |          | Reporting Period |      |     |      |               |            |
|---------------------------------------|----------------------|----------|------------------|------|-----|------|---------------|------------|
|                                       |                      |          | From:            |      |     | То:  |               |            |
|                                       |                      |          |                  | DA   | TE  |      | P             | AMOUNT     |
| Full Name of Contributing Committee   |                      |          |                  | мо   | DAY | YEAR |               | 0.0        |
| Mailing Address                       |                      |          |                  |      |     |      | <b>-</b>   \$ | 0.0        |
| City                                  | State                | Zip Cod  | e (Plus 4)       |      |     |      |               |            |
|                                       |                      |          |                  |      |     |      |               | PAGE TOTAL |
| Enter Grand Total of Part C on Scheo  | dule 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  |                     |              |          | Reporting Period |          |      |         |             |  |
|--|---------------------|--------------|----------|------------------|----------|------|---------|-------------|--|
| Fro                                    |                     |              |          |                  | rom: To: |      |         |             |  |
| DATE                                   |                     |              |          |                  |          |      | AMOUNT  |             |  |
| Full Name of Contributor               |                     |              |          | МО               | DAY      | YEAR | \$      | 0.00        |  |
| Mailing Address                        |                     |              |          |                  |          |      | 7       |             |  |
| City                                   | State               | Zip Code (Pl | ıs 4)    |                  |          |      |         |             |  |
| Employer Name                          |                     | •            |          | Occupation       |          |      |         |             |  |
| Employer Mailing Address/Principal Pla | ice of Business     | City         |          | •                | State    |      | Zip Cod | le (Plus 4) |  |
| Enter Grand Total of Part C on Sch     | edule I, Detailed S | ummary Pag   | e, Secti | on 3.            |          |      | P.      | O.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 of | or Candidate              |               | Report  | ing Peri  | od  |      |    |            |  |
|-----------------------------|---------------------------|---------------|---------|-----------|-----|------|----|------------|--|
|                             |                           |               |         | From: To: |     |      |    |            |  |
|                             |                           |               |         | D         | ATE |      |    | AMOUNT     |  |
| Full Name                   |                           |               |         | мо        | DAY | YEAR | \$ | 0.00       |  |
| Mailing Address             |                           |               |         |           |     |      | 7  |            |  |
| City                        | State                     | Zip Code (I   | Plus 4) |           |     |      |    |            |  |
| Receipt Description         | •                         | •             |         |           | 1   | •    | •  |            |  |
| Futor Coand Total of Bank   | Cabadula I Detailed       | Commence De   | Caatle  |           |     |      |    | PAGE TOTAL |  |
| Enter Grand Total of Part I | e on Schedule I, Detailed | Summary Page, | Section | 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 |                            |                  |
|--|------------------|----------------------------|------------------|
| HARRY SMAIL  | From:            | <u>1/1/2023</u> <b>To:</b> | <u>3/27/2023</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 Ca | Reporting Period      |                        |         |          |      |             |            |
|--------------------------------|-----------------------|------------------------|---------|----------|------|-------------|------------|
|                                | From:                 |                        |         |          |      |             |            |
|                                |                       |                        |         | DATE     |      |             | AMOUNT     |
| Full Name of Contributor       |                       |                        | МО      | DAY      | YEAR |             |            |
| Mailing Address                |                       |                        |         |          |      | <b>7</b> \$ | 0.00       |
| City                           | State                 | Zip Code (Plus 4)      |         |          |      |             |            |
| Description of Contribution:   | •                     | -                      |         |          |      |             |            |
| Enter Grand Total of Part F    | on Schedule II, In-Ki | nd Contributions Detai | led Sun | ımary Pa | ige, |             | PAGE TOTAL |
| Section 2.                     |                       |                        |         |          |      | \$          | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate  |                |     |                  |        | porting           | Period         |       |      |                 |      |
|--|----------------|-----|------------------|--------|-------------------|----------------|-------|------|-----------------|------|
|  |                |     |                  |        | m:                |                | To:   | То:  |                 |      |
| DATE                                   |                |     |                  |        |                   | АА             |       |      | т               |      |
| Full Name of Contributor               |                |     |                  |        | мо                | DAY            | YEAR  |      |                 |      |
| Mailing Address                        |                |     |                  |        |                   |                |       | 1    | \$              | 0.00 |
| City                                   | State          |     | Zip Code(Plus 4) |        |                   |                |       |      |                 |      |
| Employer of Contributor                |                |     |                  |        | Occup             | oation         |       |      |                 |      |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty               | Stat   | e Zi <sub>l</sub> | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion |
| Enter Grand Total of Part G on Sch     | edule II, In-K | ind | Contributions D  | etaile | ed                |                |       |      | PAGE T          | OTAL |
| Summary Page, Section 3.               |                |     |                  |        |                   |                |       |      |                 | 0.00 |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate |                     |                      |                            | Reporting Period |      |     |            |  |  |
|---------------------------------------|---------------------|----------------------|----------------------------|------------------|------|-----|------------|--|--|
| F                                     |                     |                      |                            |                  |      | То: |            |  |  |
|                                       | DATE                |                      |                            |                  |      |     | AMOUNT     |  |  |
| To Whom Paid                          |                     |                      |                            | DAY              | YEAR |     |            |  |  |
| Mailing Address                       |                     |                      |                            |                  |      | \$  | 0.00       |  |  |
| City                                  | State               | Zip Code (Plus 4)    | Description of Expenditure |                  |      |     |            |  |  |
| Enter Grand Total of Expenditures     | on Dago 1 Bonort C  | Cover Page Item F    |                            |                  |      |     | PAGE TOTAL |  |  |
| Lines Grand Total of Expenditures (   | ni rage 1, keport c | Lovei Fage, Itelli L | <b>,</b> .                 |                  |      | \$  | 0.00       |  |  |