Campaign Finance Report

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

Filer Identification 2023C0148 Number :						Repo			CAI	NDI	DATE	√	CC	COMMITTEE		LOBBYIST				
Name of Filing C	ommittee,	Candida	ate or Lo	obbyist:			HARF	RY S	SMAII	_									_	
Street Address:																				
City:										State	:				Zip Cod	e: 15	601			
TYPE OF REPORT	6TH TUESD PRE-PRIMAI		1.	2ND FRIDAY PRE- PRIMARY				.х	30 DAY F PRIMARY			OST-	3.		AMENDM REPORT?	ENT	Yes	No)	\
(place X to the right of	6TH TUESD. PRE-ELECTI		4.	4. 2ND FRIDAY PRE- 5 ELECTION					30 DAY F ELECTION			6.		TERMINA REPORT?	TION	Yes	No)	\	
report type)	ANNUAL R	EPORT	7.	Year 2023 FILING ME () CHECK									PAPER		/	DISKE	TTE			
Name of Office S	ought by C	andidat	e:							DAT	E O	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Cour	
			_							МО		DAY	١	YEAR	-1	SPR	REP			
JUDGE OF THE	SUPERIOR	COURT									11		7	2023		(SEE IN	STRUCTIO	ONS FOR	CODES)
Summary of		and	МО	DAY		YEAR				МО		DAY	١	YEAR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:			3	28	20	023	T	0		5		1	2023						
A. Amount Bro	ught Forwa	rd From	ı Last R	eport					\$					0.00						
B. Total Moneta	ary Contrib	utions A	and Rec	eipts (F	rom	Sche	dule 1	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 (S	ubtract	Line D	From Li	ne C	C)			\$					0.00						
F. Value Of In-	Kind Contri	butions	Receive	ed (Fro	n Sc	hedul	le II)		\$					0.00						
G. Unpaid Debt	s And Oblig	gations	(From S	chedul	e IV)			\$					0.00						
						AFF	IDA'	VI	ΓSE	CTIC	N									
PART I - If this is	a Commit	tee repo	ort, trea	surer si	gn ł	nere. I	If this	s is	a Car	ndidat	e re	port, o	cand	didate sig	ın here.					
I swear (or affirm) correct and comple		port, inclu	uding the	attache	d sch	edules	filed	on	paper	or by e	lectr	onic m	ediu	m, are to t	he best of	my knov	vledge a	and beli	ef , tr	ue
Sworn to and subs	cribed before day of	e me this		20							,			Signature	of Person	Submitt	ing Rep	ort		_
		Signatur	·e						-						Print	ed Name	1			_
My Commission Ex											٠				Emai	<u> </u>				-
	м	0	D/	ΑY		YR						Are	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of	f a cand	idate's	authori	zed	Comm	ittee	, Ca	andid	ate sh	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and	belie	ef this	politio	cal	comm	ittee h	as no	ot viola	ted a	any provis	ions of the	act of Ju	ıne 3,19	937 (P.L	133	з,
Sworn to and subsc	ribed before day of	me this		26										S	ignature o	f Candida	ite			-
				- 20 - –					•						Printe	d Name				-
My Commission Exp	_	jnature							-						Emai	<u> </u>				-
, ээлинээн схр									•											_
		МО	DA	AY		YR						Area	Code	e	Da	ytime To	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period							
HARRY SMAIL	From:	3/28/202	<u>3</u> To:	5/1/2023				
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	(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	J 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 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 Committee or Ca	Name of Filing Committee or Candidate			Reporting Period						
		F	rom:		То	:				
		·		DATE			AMOUNT			
Full Name of Contributing Commi	ttee		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.

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)

(Excidue com		om pontic	car commi	ttees	·Cp	orteu i	in raic	- ,		
Name of Filing Committee or Cand	idate			Reportir	ng Po	eriod				
				From: To			o:			
			•			DATE			AMOUNT	,
Full Name of Contributor				МС)	DAY	YEAR			
Mailing Address								\$	(0.00
City	State	Zip (Code (Plus 4)							
									PAGE TOTA	\L

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	ame of Filing Committee or Candidate		Reporting	Period						
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							- \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOT	AL	
Enter Grand Total of Part C on School	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			Rep	orting Pe	riod					
			Fror	From:				То:		
				DATE			AMOUNT			
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address							7			
City	State Zip Code (Plus 4)									
Employer Name				Occupa	tion					
Employer Mailing Address/Principal Place of Business City				•	State		Zip Co	ode (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	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Perio	d						
HARRY SMAIL	From:	3/28/2023 To :	<u>5/1/2023</u>					
L. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 Cand	ame of Filing Committee or Candidate			Reporting Period					
				From:					
				DATE			AMOUNT		
Full Name of Contributor				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			led Sum	mary 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		Re	porting	Period					
				Fro	m:		To:			
						DATE			AMOUN	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 Place of Business City					e Zi _l	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
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Deta Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			ng Period					
				From			То:		
		DATE	AMOUNT						
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Description of Expenditure						
Enter Grand Total of Evnenditures on Dage 1 Deport Cover Dage Item C							PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D			, .			\$	0.00		