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 2023	3C0148			Rep File			CAND	IDAT	E	√	со	MMITTEE		LOB	BYIST		
Name of Filing C	ommittee, Candid	late or L	obbyist:		HAR	RY S	SMAIL	_										
Street Address:																		
City:								State:					Zip Code	e: 15	601			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST	Ī- (3. X		AMENDME REPORT?	NT	Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	Y PRE	- 5	5.	30 DA		POST	Γ- (5.		TERMINATION REPORT?		Yes	N	0	\
report type)	ANNUAL REPORT	7.	Year 2023					IG METH CHECK					PAPER		V	DISK	ETTE	
Name of Office S	ought by Candida							DATE	OF E	LEC	TION		District Number	Office Code	Pai	ty Cod	Code	
	J ,							МО	DA	Υ	YEAR	2	-1	SPR	REF)	1000.	
JUDGE OF THE	SUPERIOR COUR	π						1	1		7 2	023		(SEE IN	STRUCTI	ONS FOR	CODES	5)
Summary of		МО	DAY	YEAR	1			МО	DA	Y	YEAR	2	FOF	OFFIC	CE USE	ONLY		
Expenditures	from:		5 2	2	023	T	0		6		5 2	023						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	•	•		C	0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				C	0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				O	0.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$				8,334	.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line (C)			\$				0	.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$				0	.00						
G. Unpaid Debt	s And Obligations	From S	Schedule IV)			\$				0	.00						
				AFF	IDA	VI	ΓSE	CTION										
	a Committee rep		_						-	-		_						
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	e attached scl	hedules	s filed	l on	paper (or by ele	ctronic	me	dium, ar	e to t	he best of	my knov	wledge	and be	lief , tr	ue
Sworn to and subs	cribed before me thi day of	s	20						_		Sign	ature	of Person	Submitt	ting Re	oort		_
	Signati	ıre					-						Printe	ed Name	•			-
My Commission Ex	pires						_						Email					
	МО	D	AY	YR						Area	Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	e, C	andida	ate sha	l sign	hei	re.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and beli	ef this	politi	ical	commi	ittee has	not vi	olate	ed any p	rovisi	ons of the	act of J	une 3,1	937 (P	L. 133	з,
Sworn to and subsc	ribed before me this day of		20									Si	gnature of	Candida	ate			_
							-		_				Printed	Name				-
My Commission Exp	Signature						-						Email					-
																		_
	МО	D	AY	YR					Ar	ea C	ode		Day	time T	elephor	ne Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Summary 1 ag	_			
Name of Filing Committee or Candidate	Reporting	Period		
HARRY SMAIL	From:	5/2/202	<u>3</u> To:	<u>6/5/2023</u>
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	J 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 Committ	ee or Candidate	R	eporting	Period			
		F	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing	g Committee		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

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 Commit	tee or Candidate		Rep	orting P	eriod			
			Fron	m:		To	:	
		·			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
I							1	
Mailing Address	_						\$	0.00
Mailing Address City	State	Zip Code (Plus 4)					₩.	0.00

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							- \$	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			Rep	orting Pe	riod			
			Fron	n:		т	o:	
				D/	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
							т	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 Period		
HARRY SMAIL	From:	<u>5/2/2023</u> To:	<u>6/5/2023</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 Candid	ate		Reporting Period				
			From:			To:	
		•		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 S	chedule II, In-Ki	nd Contributions Detai	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				Rep	porting	Period			
				Fro	m:		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 Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
HARRY SMAIL	From	5/2/2023	То:	6/5/2023

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
RIENDS OF JUDGE HARRY SMAIL			МО		ILAK		
Mailing Address			5	30	2023	\$	8,334.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17108	LOAN				
							PAGE TOTAL
Enter Grand Total of Expend	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						