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	20230	C0148				Repo Filed			CA	CANDIDATE COMMITTEE LOBBYIST									
Name of Filing C	Committee,	, Candida	ate or Lo	obbyis	t:		HARR	Y S	MAII	-										
Street Address:																				
City:										State	e:				Zip Cod	e: 15	601			
TYPE OF REPORT	6TH TUEST PRE-PRIMA		1.	2ND F PRIMA		PRE-	- 2.		30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No		\
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND F ELECT		/ PRE	- 5.		30 DA		Р	OST-	6.		TERMINATION Yes REPORT?			No		√
report type)	ANNUAL I	REPORT	7.	Year	2023					IG ME CHEC					PAPER		/	DISKE	TTE	
Name of Office S	- Sought by (Candidat	e:				-			DAT	ATE OF ELECTION District Office Number Code Party					ty Code	Cour			
1110 OF OF THE	CUPERTO	o count	_							МО		DAY	Υ	EAR	-1	SPR	REP		•	
JUDGE OF THE	SUPERIOR	R COURT									11		7	2023		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of		and	МО	DA	Y	YEAR				МО		DAY	Y	EAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			9	19	20	023	T	0		10	:	23	2023						
A. Amount Bro	ught Forw	ard From	Last R	eport			·		\$					0.00						
B. Total Moneta	ary Contril	outions A	And Rec	eipts (From	Sche	dule 1	()	\$					0.00						
C. Total Funds	Available ((Sum Of	Lines A	and B	5)				\$					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 Contr	ibutions	Receive	ed (Fr	om Sc	hedu	le II)		\$					0.00						
G. Unpaid Debt	s And Obli	igations	(From S	Schedu	ile IV)			\$					0.00		•				
						AFF	IDA۱	/I7	ΓSE	CTIC	Ν									
PART I - If this is	s a Commi	ttee repo	ort, trea	surer	sign ŀ	ere. 1	If this	is	a Car	ndidat	e re	port, c	candi	idate sig	ın here.					
I swear (or affirm) correct and complete		eport, incl	uding the	attach	ed sch	edules	filed	on p	paper (or by e	lectr	onic m	ediun	n, are to t	he best of	my knov	vledge a	and beli	ef , tr	ue.
Sworn to and subs	cribed befor	re me this		20									:	Signature	of Person	Submitt	ing Rep	ort		_
		Signatur	'Δ	- ,					<u>-</u>						Printe	ed Name				-
My Commission Ex	cpires	oignata.	-								•				Email					-
	<u> </u>	10	D/	ΑY		YR			•			Are	ea Co	de	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report o	of a cand	idate's	autho	rized	Comn	nittee	, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge an	d belie	ef this	politic	al o	comm	ittee h	as no	ot viola	ted aı	ny provisi	ions of the	act of Ju	ıne 3,19	937 (P.L	. 133	3,
Sworn to and subsc		me this												Si	ignature of	Candida	ite			-
	day of			20 -											Printed	Name				-
	Si	gnature							-											_
My Commission Exp	ires														Email					
	_	МО	D/	AY		YR						Area	Code		Day	ytime Te	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
HARRY SMAIL	From:	9/19/202	<u>3</u> To:	10/23/2023
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
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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			From:			То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE 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 Filling Committee of Candidate				Reporting Period From: To:				
					DATE		Al	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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	nme 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.)

ame of Filing Committee or Candidate			Reporting Period							
				Fror	n:		То:			
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address City State Zip Code (Plus 4)							\$		0.00	
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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 Ca	ndidate		Repor	ting Perio	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 on	Schedule T Detailed	l Summary Page	Section	4			P	AGE TOTAL
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	z cammary r uge,	Section				\$	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 Peri	od						
HARRY SMAIL	From:	<u>9/19/2023</u> To:	10/23/2023					
1. 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	rt 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	ame 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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	ımary Pa	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 Schedule II, In-Kind Contributions Detail					ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	lame of Filing Committee or Candidate					Reporting Period				
			From			То:				
				DATE			AMOUNT			
To Whom Paid	МО	DAY	YEAR							
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)	Description of Expenditure							
					PAGE TOTAL					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item						\$	0.00			