### **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 2022                        | 20575      |                        |        |       | port<br>ed B |                | CANDI                   | DATE     |        | СОМ        | 4ITTEE                       | <b>✓</b>       | LOBBYIST          |                |
|--|--------------------------------|------------|------------------------|--------|-------|--------------|----------------|-------------------------|----------|--------|------------|------------------------------|----------------|-------------------|----------------|
| Name of Filing C                         | ommittee, Candid               | late or L  | obbyist:               |        | FRII  | END:         | S OF :         | JUDGE H                 | ARRY :   | SMAI   | L          |                              |                |                   |                |
| Street Address:                          | P.O. BOX 11                    | 732        |                        |        |       |              |                |                         |          |        |            |                              |                |                   |                |
| City:                                    | HARRISBURG                     | ì          |                        |        |       |              |                | State:                  | PA       |        |            | Zip Cod                      | le: 1          | 7108              |                |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY     | 1.         | 2ND FRIDAY<br>PRIMARY  | PRE-   | -     | 2.           | 30 DA<br>PRIMA |                         | POST-    | 3.     |            | AMENDM<br>REPORT             |                | Yes No            |                |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION    | 4.         | 2ND FRIDAY<br>ELECTION | ' PRE  | -     | 5.           |                | 0 DAY POST- 6. <b>X</b> |          |        |            | TERMINATION Yes V No REPORT? |                |                   |                |
| report type)                             | ANNUAL REPORT                  | 7.         | <b>Year</b> 2023       |        |       |              |                | IG METHO                |          |        |            | PAPER DISKETTE               |                |                   | TTE            |
| Name of Office S                         | ought by Candida               | ite:       | -                      |        |       |              |                | DATE 0                  | F ELE    | CTIO   | N          | District<br>Number           | Office<br>Code | Party Code        | County<br>Code |
|  |                                |            |                        |        |       |              |                | МО                      | DAY      | YE     | AR         |                              |                |                   |                |
|  |                                |            |                        |        |       |              |                | 11                      |          | 7      | 2023       |                              | (SEE IN        | ISTRUCTIONS FOR C | CODES)         |
|  | Receipts and                   | МО         | DAY                    | YEAR   | l     |              |                | МО                      | DAY      | YI     | AR         | FO                           | R OFFI         | CE USE ONLY       |                |
| Expenditures                             | from:                          |            | 10 24                  | 2      | 023   | T            | 0              | 11                      | :        | 27     | 2023       |                              |                |                   |                |
| A. Amount Bro                            | ught Forward Fro               | m Last R   | eport                  |        |       |              | \$             |                         |          | 125,5  | 80.61      |                              |                |                   |                |
| B. Total Moneta                          | ary Contributions              | And Rec    | eipts (From            | Sche   | dule  | e I)         | \$             |                         |          | 30,1   | 130.00     |                              |                |                   |                |
| C. Total Funds                           | Available (Sum O               | f Lines A  | and B)                 |        |       |              | \$             |                         |          | 155,7  | 710.61     |                              |                |                   |                |
| D. Total Expend                          | ditures (From Sch              | edule II   | I)                     |        |       |              | \$             |                         | :        | 155,7  | '10.61     |                              |                |                   |                |
| E. Ending Cash                           | Balance (Subtra                | t Line D   | From Line C            | :)     |       |              | \$             |                         |          |        | 0.00       |                              |                |                   |                |
| F. Value Of In-                          | Kind Contribution              | s Receiv   | ed (From Sc            | hedu   | le II | [)           | \$             |                         |          | 23,7   | 33.37      |                              |                |                   |                |
| G. Unpaid Debt                           | s And Obligations              | (From S    | Schedule IV            | )      |       |              | \$             |                         |          |        | 0.00       |                              |                | •                 |                |
|  |                                |            |                        | AFF    | IDA   | ٩VI          | ΓSE            | CTION                   |          |        |            |                              |                |                   |                |
| PART I - If this is                      | a Committee rep                | ort, trea  | surer sign h           | ere. 1 | [f th | is is        | a Can          | ndidate re              | eport, o | andi   | date sig   | ın here.                     |                |                   |                |
| I swear (or affirm) correct and comple   | that this report, inc<br>ete.  | luding the | attached sch           | edules | file  | d on         | paper (        | or by elect             | ronic m  | edium  | , are to t | he best o                    | f my kno       | wledge and belie  | ef , true      |
| Sworn to and subs                        | cribed before me thi<br>day of | s          | 20                     |        |       |              |                |                         |          | S      | ignature   | of Perso                     | n Submit       | ting Report       |                |
|  | Signate                        | ıre        |                        |        |       |              | -<br>-         |                         |          |        |            | Prin                         | ted Nam        | e                 |                |
| My Commission Ex                         | pires                          |            |                        |        |       |              |                |                         |          |        |            | Ema                          | il             |                   |                |
|  | мо                             | D          | AY                     | YR     |       |              |                |                         | Are      | ea Cod | le         | Daytim                       | e Telep        | hone Number       |                |
| Part II- If this is                      | a report of a can              | didate's   | authorized (           | Comn   | nitte | ee, Ca       | andida         | ate shall               | sign he  | ere.   |            |                              |                |                   |                |
| I swear (or affirm)<br>No 320) as amende | that to the best of ed.        | my knowle  | edge and belie         | f this | polit | tical        | commi          | ittee has n             | ot viola | ted an | y provisi  | ions of th                   | e act of I     | une 3,1937 (P.L.  | . 1333,        |
| Sworn to and subsc                       | ribed before me this           |            |                        |        |       |              |                |                         |          |        | Si         | ignature o                   | of Candid      | ate               |                |
|  | day of                         |            | _ 20                   |        |       |              | -              |                         |          |        |            | Printe                       | d Name         |                   |                |
| My Commission Exp                        | Signature                      |            |                        |        |       |              | -              |                         |          |        |            | Ema                          | il             |                   |                |
| my Commission Exp                        |                                |            |                        |        |       |              | •              |                         |          |        |            |                              |                |                   |                |
|  | мо                             | D          | AY                     | YR     |       |              |                |                         | Area     | Code   |            | Da                           | aytime 1       | elephone Numbe    | er er          |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period  |              |            |
|--|-----------|-----------|--------------|------------|
| FRIENDS OF JUDGE HARRY SMAIL   | From:     | 10/24/202 | <u>3</u> To: | 11/27/2023 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |           |              |            |
| TOTAL for the Reporting  | ) Period  | (1)       | \$           | 255.00     |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |           |              |            |
| Contributions Received From Political Committees (Part A)  |           |           | \$           | 350.00     |
| All Other Contributions (Part B)   | \$        | 5,925.00  |              |            |
| TOTAL for the Reporting  | ) Period  | (2)       | \$           | 6,275.00   |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |           |              |            |
| Contributions Received From Political Committees (Part C)  |           |           | \$           | 20,800.00  |
| All Other Contributions (Part D)   |           |           | \$           | 2,800.00   |
| TOTAL for the Reporting  | ) Period  | (3)       | \$           | 23,600.00  |
| 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 |           |           | \$           | 30,130.00  |

#### **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 | Reporting Period |            |     |            |
|---------------------------------------|------------------|------------|-----|------------|
| FRIENDS OF JUDGE HARRY SMAIL          | From:            | 10/24/2023 | To: | 11/27/2023 |
|                                       |                  | DATE       |     | AMOUNT     |

| Full Name of Contributing Committee FRIENDS OF SEAN KERTES       |                    |                                   | МО | DAY | YEAR |                  |
|--|--------------------|-----------------------------------|----|-----|------|------------------|
| Mailing Address 422 ARCH AVE                                     |                    |                                   |    |     |      | \$ 100.00        |
| <b>City</b> GREENSBURG   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15601 | 11 | 9   | 2023 |                  |
| Full Name of Contributing Committee RED WING MULTI-CANDIDATE PAC |                    |                                   | мо | DAY | YEAR |                  |
| Mailing Address 221 BROOKSIDE                                    | BLVD               |                                   |    |     |      | <b>\$</b> 250.00 |
| City PITTSBURGH  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 15241    | 10 | 25  | 2023 |                  |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$** 350.00

### **PART B 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 Fining Committee of Candidate    |   |       | Period |                 |                       |  |
|--|---|-------|--------|-----------------|-----------------------|--|
| IL                                       |   | From: | 10/24/ | 2023 <b>T</b> o | <u>11/27/2023</u>     |  |
|  | I   |       | DATE   |                 | AMOUNT                |  |
| YS AT LAW                                |   | мо    | DAY    | YEAR            |                       |  |
| illing Address 2300 FREEPORT RD SUITE 10 |   |       |        |                 | \$ 200.00             |  |
| <b>State</b><br>PA                       | <b>Zip Code (Plus 4)</b><br>15068   | 10    | 26     | 2023            |                       |  |
|  |   | МО    | DAY    | YEAR            |                       |  |
| State PA                                 | <b>Zip Code (Plus 4)</b><br>19422   | 11    | 2      | 2023            | \$ 100.00             |  |
|  |   | МО    | DAY    | YEAR            |                       |  |
| СТ                                       |   |       |        |                 | <b>\$</b> 100.00      |  |
| <b>State</b><br>PA                       | <b>Zip Code (Plus 4)</b> 15668  | 11    | 9      | 2023            |                       |  |
| ·  | <u> </u>  | МО    | DAY    | YEAR            |                       |  |
| State PA                                 | <b>Zip Code (Plus 4)</b><br>15650   | 11    | 9      | 2023            | \$ 100.00             |  |
|  |   | МО    | DAY    | YEAR            |                       |  |
| RT SOUTH                                 | Zip Code (Plus 4)   | 10    | 31     | 2023            | \$ 150.00             |  |
|  | SYS AT LAW  RT RD SUITE 10  State PA  SSTATE PA  CT  State PA  CT  State PA  CT  State PA | State | State  | State           | From: 10/24/2023   To |  |

| Full Name of Contributor   |       |                             |                  |                        |
|--|-------|-----------------------------|------------------|------------------------|
| CHRISTINE M COLE   | МО    | DAY                         | YEAR             |                        |
| Mailing Address 1126 WILLOWBROOK RD  |       |                             |                  | \$ 100.00              |
| City BELLE VERNON State Zip Code (Plus 4)  | 11    | 7                           | 2023             |                        |
| PA 15012   |       |                             |                  |                        |
| Full Name of Contributor   | мо    | DAY                         | YEAR             |                        |
| RICHARD CONSTANTINE  |       |                             |                  |                        |
| Mailing Address 37 YALE ST   |       |                             |                  | \$ 100.00              |
| City JEANNETTE State Zip Code (Plus 4)   | 11    | 9                           | 2023             |                        |
| PA 15664   |       |                             |                  |                        |
| Full Name of Contributor DARA A DECOURCY   | МО    | DAY                         | YEAR             |                        |
| Mailing Address 2191 BRADBURY LN   |       |                             |                  | <b>\$</b> 100.00       |
|  |       |                             |                  |                        |
| City NORTH HUNTINGDON State Zip Code (Plus 4)  | 11    | 27                          | 2023             |                        |
| City NORTH HUNTINGDON State PA 15642   | 11    | 27                          | 2023             |                        |
| NORTH HUNTINGDON   |       | 27 DAY                      | 2023             |                        |
| Full Name of Contributor   |       |                             |                  | \$ 100.00              |
| Full Name of Contributor TRENT ECHARD  Mailing Address 117 DUNEDIN DR  |       |                             |                  | \$ 100.00              |
| Full Name of Contributor TRENT ECHARD  Mailing Address 117 DUNEDIN DR  | мо    | DAY                         | YEAR             | \$ 100.00              |
| Full Name of Contributor TRENT ECHARD  Mailing Address 117 DUNEDIN DR  City CHESWICK State Zip Code (Plus 4)   | мо    | <b>DAY</b> 29               | YEAR             | \$ 100.00              |
| Full Name of Contributor TRENT ECHARD  Mailing Address 117 DUNEDIN DR  City CHESWICK State PA 15024  Full Name of Contributor  | MO 10 | <b>DAY</b> 29               | <b>YEAR</b> 2023 | \$ 100.00<br>\$ 250.00 |
| Full Name of Contributor TRENT ECHARD  Mailing Address 117 DUNEDIN DR  City CHESWICK State PA 15024  Full Name of Contributor JAMES D FARRELL  Mailing Address 24 GLENMEADE RD   | MO 10 | <b>DAY</b> 29               | <b>YEAR</b> 2023 |                        |
| Full Name of Contributor TRENT ECHARD  Mailing Address 117 DUNEDIN DR  City CHESWICK  Full Name of Contributor JAMES D FARRELL  Mailing Address 24 GLENMEADE RD  | 10 MO | <b>DAY</b> 29               | YEAR 2023        |                        |
| Full Name of Contributor TRENT ECHARD  Mailing Address 117 DUNEDIN DR  City CHESWICK  Full Name of Contributor JAMES D FARRELL  Mailing Address 24 GLENMEADE RD  City GREENSBURG  PA 15642  Zip Code (Plus 4) 15024  Zip Code (Plus 4) 25024           | 10 MO | <b>DAY</b> 29               | YEAR 2023        |                        |
| Full Name of Contributor TRENT ECHARD  Mailing Address 117 DUNEDIN DR  City CHESWICK State PA 15024  Full Name of Contributor JAMES D FARRELL  Mailing Address 24 GLENMEADE RD  City GREENSBURG State PA 15601  Full Name of Contributor               | MO 10 | <b>DAY</b> 29 <b>DAY</b> 25 | YEAR 2023        |                        |
| Full Name of Contributor TRENT ECHARD  Mailing Address 117 DUNEDIN DR  City CHESWICK State PA 15024  Full Name of Contributor JAMES D FARRELL  Mailing Address 24 GLENMEADE RD  City GREENSBURG State PA 15601  Full Name of Contributor ELAINE GOWATY | MO 10 | <b>DAY</b> 29 <b>DAY</b> 25 | YEAR 2023        | \$ 250.00              |

|  |   |                    |                                 |            |     |   |                  | FAGL |                  |
|--|---|--------------------|---------------------------------|------------|-----|---|------------------|------|------------------|
| Full Name of Cont  | ributor   |                    |                                 | МО         | DAY |   | YEAR             |      |                  |
| HANNAH L HAMIL   | TON   |                    |                                 | МО         | DAT |   | TEAK             |      |                  |
| Mailing Address  | 430 PELLIS RD   |                    |                                 |            |     |   |                  | \$   | 75.00            |
| City GREENSB   | URG   | State              | Zip Code (Plus 4)               | 11         |     | 9 | 2023             |      |                  |
|  |   | PA                 | 15601                           |            |     |   |                  |      |                  |
| Full Name of Contributor  JOHN M HAUSER  |   |                    |                                 |            | DAY |   | YEAR             |      |                  |
| Mailing Address  | 6 HIGHVIEW PL   |                    |                                 |            |     |   |                  | \$   | 250.00           |
| City GREENSB   | URG   | State              | Zip Code (Plus 4)               | 11         |     | 9 | 2023             |      |                  |
| 5  |   | PA                 | 15601                           |            |     |   |                  |      |                  |
| Full Name of Cont  |   |                    |                                 | мо         | DAY |   | YEAR             |      |                  |
| Mailing Address  | 144 LYCIPPUS HAR  | DWARE RD           |                                 |            |     |   |                  | \$   | 100.00           |
| City LATROBE   |   | State              | Zip Code (Plus 4)               | 11         |     | 9 | 2023             |      |                  |
|  |   | PA                 | 15650                           |            |     |   |                  |      |                  |
|  |   |                    |                                 |            |     |   |                  |      |                  |
| Full Name of Cont<br>ROBERT JACOBS   | ributor   |                    |                                 | МО         | DAY |   | YEAR             |      |                  |
|  | ributor<br>125 HILTON RD  |                    |                                 | МО         | DAY |   | YEAR             | \$   | 100.00           |
| ROBERT JACOBS  | 125 HILTON RD   | State              | Zip Code (Plus 4)               | <b>MO</b>  | DAY | 1 | <b>YEAR</b> 2023 | \$   | 100.00           |
| ROBERT JACOBS  Mailing Address   | 125 HILTON RD   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 15601  |            | DAY | 1 |                  | \$   | 100.00           |
| ROBERT JACOBS  Mailing Address   | 125 HILTON RD URG   |                    |                                 |            | DAY | 1 |                  | \$   | 100.00           |
| ROBERT JACOBS  Mailing Address  City GREENSB   | 125 HILTON RD URG   | PA                 |                                 | - 11       |     |   | 2023<br>YEAR     | \$   | 100.00<br>250.00 |
| ROBERT JACOBS  Mailing Address  City GREENSB  Full Name of Cont ANDREW J JARAE   | 125 HILTON RD  URG  ributor  BAK  6069 BEIGHLEY RD                | PA                 |                                 | - 11       |     | 1 | 2023             |      |                  |
| ROBERT JACOBS  Mailing Address  City GREENSB  Full Name of Cont ANDREW J JARAE  Mailing Address  | 125 HILTON RD  URG  ributor  BAK  6069 BEIGHLEY RD                | PA                 | 15601                           | - 11<br>MO |     |   | 2023<br>YEAR     |      |                  |
| ROBERT JACOBS  Mailing Address  City GREENSB  Full Name of Cont ANDREW J JARAE  Mailing Address  | 125 HILTON RD  URG  ributor  BAK  6069 BEIGHLEY RD                | PA                 | 15601  Zip Code (Plus 4)        | - 11<br>MO |     |   | 2023<br>YEAR     |      |                  |
| ROBERT JACOBS  Mailing Address  City GREENSB  Full Name of Cont ANDREW J JARAE  Mailing Address  City MURRYSV  Full Name of Cont                                 | 125 HILTON RD  URG  ributor  BAK  6069 BEIGHLEY RD                | PA                 | 15601  Zip Code (Plus 4)        | MO 11      | DAY | 1 | 2023 YEAR 2023   |      |                  |
| ROBERT JACOBS  Mailing Address  City GREENSB  Full Name of Cont ANDREW J JARAE  Mailing Address  City MURRYSV  Full Name of Cont CHARLS T KONKU                  | 125 HILTON RD  URG  Tibutor BAK  6069 BEIGHLEY RD  TILLE  Tibutor | PA                 | 15601  Zip Code (Plus 4)        | MO 11      | DAY |   | 2023 YEAR 2023   | \$   | 250.00           |
| ROBERT JACOBS  Mailing Address  City GREENSB  Full Name of Cont ANDREW J JARAE  Mailing Address  City MURRYSV  Full Name of Cont CHARLS T KONKU  Mailing Address | 125 HILTON RD  URG  Tibutor BAK  6069 BEIGHLEY RD  TILLE  Tibutor | State PA           | 15601  Zip Code (Plus 4)  15668 | MO 11      | DAY | 1 | 2023 YEAR 2023   | \$   | 250.00           |

|  |   |                    |                                 |            |                |                  | FAGL /               |     |
|--|---|--------------------|---------------------------------|------------|----------------|------------------|----------------------|-----|
| Full Name of Cont  | ributor   |                    |                                 |            |                |                  |                      |     |
| EDWARD J KRESS   | 5   |                    |                                 | МО         | DAY            | YEAR             |                      |     |
| Mailing Address  | 7 CHAMBORD DR   |                    |                                 |            |                |                  | <b>\$</b> 250.0      | 00  |
| City PITTSBUR  | .GH   | State              | Zip Code (Plus 4)               | 11         | 5              | 2023             |                      |     |
|  |   | PA                 | 15209                           |            |                |                  |                      |     |
| Full Name of Contributor KEVIN P LEONARD   |   |                    |                                 |            | DAY            | YEAR             |                      |     |
| Mailing Address  | 13 SAXMAN DR  |                    |                                 |            |                |                  | <b>\$</b> 100.0      | 00  |
| City LATROBE   |   | State              | Zip Code (Plus 4)               | 10         | 25             | 2023             |                      |     |
| LATROBE  |   | PA                 | 15650                           |            |                |                  |                      |     |
| Full Name of Cont  |   |                    |                                 | МО         | DAY            | YEAR             |                      |     |
| Mailing Address  | 3 CIRCLE DR   |                    |                                 |            |                |                  | <b>\$</b> 75.0       | 00  |
| City WEST NEV  | WTON  | State              | Zip Code (Plus 4)               | 11         | 9              | 2023             |                      |     |
|  |   | PA                 | 15089                           |            |                |                  |                      |     |
|  |   | <u> </u>           |                                 |            |                |                  |                      |     |
| Full Name of Cont  |   |                    | I                               | МО         | DAY            | YEAR             |                      |     |
|  |   | _N                 |                                 | МО         | DAY            | YEAR             | \$ 200.0             | 00  |
| RACHEL MOROCO  Mailing Address   | 500 BACKWOODS I   | _N<br>State        | Zip Code (Plus 4)               | <b>MO</b>  | <b>DAY</b> 29  | <b>YEAR</b> 2023 | \$ 200.0             | 00  |
| RACHEL MOROCC  | 500 BACKWOODS I   |                    | <b>Zip Code (Plus 4)</b> 15085  |            |                |                  | \$ 200.0             | 00  |
| RACHEL MOROCO  Mailing Address   | 500 BACKWOODS I   | State              |                                 |            |                |                  | \$ 200.0             | 00  |
| RACHEL MOROCO  Mailing Address  City TRAFFORD  Full Name of Cont   | 500 BACKWOODS I   | State              |                                 | 10         | 29<br>DAY      | 2023<br>YEAR     | \$ 200.0<br>\$ 100.0 |     |
| RACHEL MOROCO  Mailing Address  City TRAFFORD  Full Name of Cont JAMES F MULTHA  Mailing Address   | 500 BACKWOODS I  Tibutor  UF  | State              |                                 | 10         | 29             | 2023             |                      |     |
| RACHEL MOROCO  Mailing Address  City TRAFFORD  Full Name of Cont JAMES F MULTHA  Mailing Address   | 500 BACKWOODS I  Tibutor  UF  | State<br>PA        | 15085                           | - 10<br>MO | 29<br>DAY      | 2023<br>YEAR     |                      |     |
| RACHEL MOROCO  Mailing Address  City TRAFFORD  Full Name of Cont JAMES F MULTHA  Mailing Address   | 500 BACKWOODS I  ributor  UF  3005 MAIN ST                              | State PA  State    | 15085  Zip Code (Plus 4)        | - 10<br>MO | 29<br>DAY      | 2023<br>YEAR     |                      |     |
| RACHEL MOROCO  Mailing Address  City TRAFFORD  Full Name of Cont JAMES F MULTHA  Mailing Address  City MADERA  Full Name of Cont                                 | 500 BACKWOODS I  ributor  UF  3005 MAIN ST                              | State PA  State    | 15085  Zip Code (Plus 4)        | 10 MO      | 29 DAY 9       | 2023 YEAR 2023   |                      | 000 |
| RACHEL MOROCO  Mailing Address  City TRAFFORD  Full Name of Cont JAMES F MULTHA  Mailing Address  City MADERA  Full Name of Cont FRANCIS R MURR  Mailing Address | 500 BACKWOODS I  Tibutor  UF  3005 MAIN ST  Tibutor  MAN  3 N MAPLE AVE | State PA  State    | 15085  Zip Code (Plus 4)        | 10 MO      | 29<br>DAY<br>9 | 2023 YEAR 2023   | \$ 100.0             | 000 |
| RACHEL MOROCO  Mailing Address  City TRAFFORD  Full Name of Cont JAMES F MULTHA  Mailing Address  City MADERA  Full Name of Cont FRANCIS R MURR  Mailing Address | 500 BACKWOODS I  Tibutor  UF  3005 MAIN ST  Tibutor  MAN  3 N MAPLE AVE | State PA  State PA | 15085  Zip Code (Plus 4)  16661 | 10 MO      | 29 DAY 9       | 2023 YEAR 2023   | \$ 100.0             | 000 |

|  |            |               |                      | FAGL 8                 |
|--|------------|---------------|----------------------|------------------------|
| Full Name of Contributor CHRISTOPHER E NICHOLS   | МО         | DAY           | YEAR                 |                        |
| Mailing Address 560 RUGH ST  |            |               |                      | \$ 200.00              |
| City GREENSBURG  State  PA  2ip Code (Plus 4)  15601   | 10         | 29            | 2023                 |                        |
| Full Name of Contributor  JOANNE L PARISE  | МО         | DAY           | YEAR                 |                        |
| Mailing Address 777 HAMIL RD   |            |               |                      | <b>\$</b> 250.00       |
| City VERONA State Zip Code (Plus 4) PA 15147   | 10         | 25            | 2023                 |                        |
| Full Name of Contributor CONSTANCE L PELUSO  | мо         | DAY           | YEAR                 |                        |
| Mailing Address 238 SAINT IVES DR  |            |               |                      | <b>\$</b> 100.00       |
| City CREENCRUPC State Zip Code (Plus 4)  | 10         | 25            | 2023                 |                        |
| City GREENSBURG PA  2ip Code (Plus 4) 15601  |            |               |                      |                        |
| GREENSBURG   | МО         | DAY           | YEAR                 |                        |
| Full Name of Contributor   | мо         |               |                      | \$ 250.00              |
| Full Name of Contributor DAVID G PETONIC   | мо 10      | <b>DAY</b> 26 | <b>YEAR</b> 2023     | \$ 250.00              |
| Full Name of Contributor DAVID G PETONIC  Mailing Address 502 WALNUT AVE  City SCOTTDALE  State Zip Code (Plus 4)  |            |               |                      | \$ 250.00              |
| Full Name of Contributor DAVID G PETONIC  Mailing Address 502 WALNUT AVE  City SCOTTDALE  PA  15601  Zip Code (Plus 4) 15683  Full Name of Contributor   | 10         | 26            | 2023<br>YEAR         | \$ 250.00<br>\$ 250.00 |
| Full Name of Contributor DAVID G PETONIC  Mailing Address 502 WALNUT AVE  City SCOTTDALE  Full Name of Contributor DAVID J PUZAK   | 10         | 26            | 2023                 |                        |
| Full Name of Contributor DAVID G PETONIC  Mailing Address 502 WALNUT AVE  City SCOTTDALE  Full Name of Contributor DAVID J PUZAK  Mailing Address 101 S 3RD ST  City YOUNGWOOD  PA 15601  Zip Code (Plus 4) 15683  Zip Code (Plus 4) 250 Code (Plus 4) 250 Code (Plus 4) 250 Code (Plus 4) 250 Code (Plus 4) | - 10<br>MO | 26            | 2023<br>YEAR         |                        |
| Full Name of Contributor DAVID G PETONIC  Mailing Address 502 WALNUT AVE  City SCOTTDALE  State PA 15683  Full Name of Contributor DAVID J PUZAK  Mailing Address 101 S 3RD ST  City YOUNGWOOD  State PA 2ip Code (Plus 4) 15683  Zip Code (Plus 4) 15683  | - 10<br>MO | 26<br>DAY     | 2023<br>YEAR<br>2023 |                        |

| Full Name of Contributor APRIL SCHACHTNER  Mailing Address 541 WILLOW AVE  City CREENCRIPC State Zip Code (Plus 4)   | мо           | DAY      | YEAI              | R      |                       |
|--|--------------|----------|-------------------|--------|-----------------------|
| Mailing Address 541 WILLOW AVE   | МО           | DAY      | YEAR              | R      |                       |
| Tax and tax an |              |          |                   |        |                       |
| State   Zin Code (Blue 4)  |              |          |                   |        | <b>\$</b> 150.00      |
| City ODEENION   State   ZID Code (Plus 4)  | 11           | (        | 5 202             | 23     |                       |
| City GREENSBURG PA   Zip Code (Plus 4)   15601   |              |          |                   |        |                       |
| 13001  |              |          |                   |        |                       |
| Full Name of Contributor JOANNE D SCHWARZ  | мо           | DAY      | YEAI              | R      |                       |
| Mailing Address 713 S SHENANDOAH DR  |              |          |                   |        | <b>\$</b> 75.00       |
| City LATROBE State Zip Code (Plus 4)   | 11           | 9        | 202               | 23     |                       |
| PA 15650   |              |          |                   |        |                       |
|  |              |          |                   |        |                       |
| Full Name of Contributor RICHARD T SOXMAN  | мо           | DAY      | YEAI              | R      |                       |
| Mailing Address 500 CHERRY DR  |              |          |                   |        | <b>\$</b> 250.00      |
|  |              |          |                   |        |                       |
|  | 11           | 9        | 202               | 23     |                       |
| City MURRYSVILLE State PA 15668  | 11           | 9        | 202               | 23     |                       |
| City MURRYSVILLE State Zip Code (Plus 4)   |              | DAY      | 9 202<br>YEAR     |        |                       |
| City MURRYSVILLE PA 15668  Full Name of Contributor  |              |          |                   |        | <b>\$</b> 100.00      |
| Full Name of Contributor GEORGE N STEWART, IV  Mailing Address  416 N MAPLE AVE  |              |          | YEAR              | R      | <b>\$</b> 100.00      |
| Full Name of Contributor GEORGE N STEWART, IV  Mailing Address  416 N MAPLE AVE  | мо           | DAY      | YEAR              | R      | <b>\$</b> 100.00      |
| Full Name of Contributor GEORGE N STEWART, IV  Mailing Address 416 N MAPLE AVE  City GREENSBURG  State 2ip Code (Plus 4) 15668  MO  Zip Code (Plus 4)  | мо           | DAY      | YEAR              | R      | \$ 100.00             |
| Full Name of Contributor GEORGE N STEWART, IV  Mailing Address 416 N MAPLE AVE  City GREENSBURG  State 2ip Code (Plus 4) 15668  MO  Zip Code (Plus 4)  | <b>MO</b> 10 | DAY      | YEAR              | 23     | \$ 100.00             |
| Full Name of Contributor GEORGE N STEWART, IV  Mailing Address 416 N MAPLE AVE  City GREENSBURG  State 21p Code (Plus 4) 15668  MO  Mo  State 21p Code (Plus 4) 15601  | <b>MO</b> 10 | DAY 2:   | <b>YEAI</b> 5 202 | 223 RR | \$ 100.00<br>\$ 75.00 |
| Full Name of Contributor GEORGE N STEWART, IV  Mailing Address 416 N MAPLE AVE  City GREENSBURG  Full Name of Contributor PA  State PA  Zip Code (Plus 4) 15668  MO  Full Name of Contributor CINDY STRAYER  Mailing Address 964 BRIDGE AVE  | <b>MO</b> 10 | DAY 2:   | <b>YEAR</b> 5 202 | 223 RR |                       |
| Full Name of Contributor GEORGE N STEWART, IV  Mailing Address 416 N MAPLE AVE  City GREENSBURG  State 21p Code (Plus 4) 15668  MO  Mo  Full Name of Contributor PA 15601  Full Name of Contributor CINDY STRAYER  Mailing Address 964 BRIDGE AVE  | мо 10 мо     | DAY 2:   | <b>YEAI</b> 5 202 | 223 RR |                       |
| Full Name of Contributor GEORGE N STEWART, IV  Mailing Address 416 N MAPLE AVE  City GREENSBURG  Full Name of Contributor CINDY STRAYER  Mailing Address 964 BRIDGE AVE  City GREENSBURG  State Zip Code (Plus 4) 15601  MO  MO  MO  State Zip Code (Plus 4) 15601   | мо 10 мо     | DAY 2:   | <b>YEAI</b> 5 202 | 223 RR |                       |
| City MURRYSVILLE  Full Name of Contributor GEORGE N STEWART, IV  Mailing Address 416 N MAPLE AVE  City GREENSBURG  Full Name of Contributor CINDY STRAYER  Mailing Address 964 BRIDGE AVE  City GREENSBURG  State Zip Code (Plus 4) 15601  MO  Full Name of Contributor CINDY STRAYER  Mo  City GREENSBURG  State Zip Code (Plus 4) 15601  | 10 MO        | DAY 2:   | <b>YEAI</b> 5 202 | 223 RR |                       |
| Full Name of Contributor GEORGE N STEWART, IV  Mailing Address 416 N MAPLE AVE  City GREENSBURG  Full Name of Contributor CINDY STRAYER  Mailing Address 964 BRIDGE AVE  City GREENSBURG  State PA  15601  Full Name of Contributor CINDY STRAYER  Mo  Mo  Full Name of Contributor TODD T TURIN  Mailing Address 333 GOODWIN AVE  | MO 10 11 MO  | DAY  DAY | YEAR 202 YEAR 202 | R 223  |                       |
| Full Name of Contributor GEORGE N STEWART, IV  Mailing Address 416 N MAPLE AVE  City GREENSBURG  Full Name of Contributor CINDY STRAYER  Mailing Address 964 BRIDGE AVE  City GREENSBURG  State PA  15601  Full Name of Contributor CINDY STRAYER  Mo  Mailing Address 964 BRIDGE AVE  City GREENSBURG  State PA  15601  Full Name of Contributor TODD T TURIN  Mo  Mailing Address 333 GOODWIN AVE  | 10 MO        | DAY 2    | YEAR 202 YEAR 202 | R 223  | \$ 75.00              |

| Full Name of Contributor GEORGE WELTY           |                    |                                   | МО | DAY | YEAR |                 |
|---|--------------------|-----------------------------------|----|-----|------|-----------------|
| Mailing Address 601 HILLSIDE AVE  City LIGONIER | <b>State</b><br>PA | Zip Code (Plus 4)<br>15658        | 10 | 26  | 2023 | \$ 200.00       |
| Full Name of Contributor SUSAN L WILLIAMS       |                    | 13030                             | МО | DAY | YEAR |                 |
| Mailing Address 275 CARNS LN  City CLEARFIELD   | State<br>PA        | <b>Zip Code (Plus 4)</b><br>16830 | 11 | 9   | 2023 | \$ 250.00       |
| Full Name of Contributor JAMES C ZERFOSS        |                    |                                   | МО | DAY | YEAR |                 |
| Mailing Address 416 CORAL LN  City INDIANA      | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 15701    | 11 | 9   | 2023 | <b>\$</b> 75.00 |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$** 5,925.00

#### **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                               |                    |                          | Reporting | Period |        |      |                    |
|---|--------------------|--------------------------|-----------|--------|--------|------|--------------------|
| FRIENDS OF JUDGE HARRY SMAIL  |                    |                          | From:     | 10/2   | 4/2023 | То:  | 11/27/2023         |
|   |                    |                          |           | DA     | TE     |      | AMOUNT             |
| Full Name of Contributing Committee CUMBERLAND COUNTY REPUBLICAN W  | OMEN               |                          |           | МО     | DAY    | YEAR |                    |
| Mailing Address 15 MEADOWOOD PL                                     |                    |                          |           |        |        |      | <b>\$</b> 1,000.00 |
| City BOILING SPRINGS  | <b>State</b><br>PA | <b>Zip Code</b> 17007    | (Plus 4)  | 10     | 29     | 2023 |                    |
| Full Name of Contributing Committee  LANCASTER FOR QUALIFIED JUDGES |                    |                          |           | МО     | DAY    | YEAR |                    |
| Mailing Address 2260 ERIN CT  City LANCASTER                        | State              | Zip Code                 | (Plus 4)  | 10     | 30     | 2023 | \$ 13,800.00       |
|   | PA                 | 17601                    |           |        |        |      |                    |
| Full Name of Contributing Committee PENNSYLVANIA RISING             |                    |                          |           | МО     | DAY    | YEAR |                    |
| Mailing Address 421 OFFICE PARK DE                                  | ξ                  |                          |           |        | _      |      | <b>\$</b> 5,000.00 |
| City MOUNTAIN BROOK   | <b>State</b><br>AL | <b>Zip Code</b><br>35223 | (Plus 4)  | 11     | 5      | 2023 |                    |
| Full Name of Contributing Committee SAXTON & STUMP, LLC PAC         |                    |                          |           | МО     | DAY    | YEAR |                    |
| Mailing Address 280 GRANITE RUN D                                   | R SUITE 300        |                          |           |        |        |      | \$ 500.00          |
| City LANCASTER  | <b>State</b><br>PA | <b>Zip Code</b><br>17601 | (Plus 4)  | 10     | 31     | 2023 |                    |
| Full Name of Contributing Committee WESTMORELAND COUNTY FEDERATION  | I OF REPUBLICAN WO | MEN                      |           | МО     | DAY    | YEAR |                    |
| Mailing Address 16 E OTTERMAN ST                                    | SUITE 103          |                          |           |        |        |      | \$ 300.00          |
| City GREENSBURG   | State<br>PA        | Zip Code                 | (Plus 4)  | 10     | 25     | 2023 |                    |

| Full Name of Contributing Committee  WESTMORELAND COUNTY FEDERATION OF REPUBLICAN WOMEN |                    |                                   | МО | DAY | YEAR |           |
|---|--------------------|-----------------------------------|----|-----|------|-----------|
| Mailing Address 16 E OTTERMAN ST  | SUITE 103          |                                   |    | _   |      | \$ 200.00 |
| <b>City</b> GREENSBURG  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15601 | 11 | 9   | 2023 |           |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL**\$ 20,800.00

## 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    |               |         |             |
|---|---------|-----|--------------|------|-----------|---------|---------------|---------|-------------|
| FRIENDS OF JUDGE HARRY SMAIL                        |         |     |              | Fron | n:        | 10/24/2 | <u>023</u> To | o:      | 11/27/2023  |
|   |         |     |              |      | DA        | ATE     |               | А       | MOUNT       |
| Full Name of Contributor REGIS J SYNAN              |         |     |              |      | мо        | DAY     | YEAR          |         |             |
| Mailing 5927 GRAYBROOKE D                           | PR      |     |              |      |           |         |               | \$      | 500.00      |
| City EXPORT   | State   | Zij | p Code (Plus | 4)   | 11        | 9       | 2023          | 3       |             |
|   | PA      | 15  | 5632         |      |           |         |               |         |             |
| Employer Name F. TINKER & amp; SOI                  | NS COMP |     |              |      | Occupat   | ion F   | RESIDE        | ENT     |             |
| Employer Mailing Address/Principal Plac<br>Business | e of    |     | City         |      |           | State   |               | Zip Cod | le (Plus 4) |
| 5665 BUTLER ST                                      |         |     | PITTSBUI     | RGH  |           | PA      |               | 15201   | l           |
| Full Name of Contributor WILLIAM J OBER             |         |     |              |      | МО        | DAY     | YEAR          |         |             |
| Mailing 252 FAIRGROUND RD                           |         |     |              |      |           |         |               | \$      | 1,000.00    |
| City GREENSBURG                                     | State   | Zij | p Code (Plus | 4)   | 10        | 25      | 2023          | 3       |             |
|   | PA      | 15  | 5601         |      |           |         |               |         |             |
| Employer Name                                       |         |     |              |      | Occupat   | ion     | RETIRED       | )       |             |
| Employer Mailing Address/Principal Plac<br>Business | e of    |     | City         |      |           | State   |               | Zip Cod | le (Plus 4) |
| Busiliess   |         |     |              |      |           |         |               |         |             |
| Full Name of Contributor                            |         |     |              |      |           |         | l             |         |             |
| SUZANNA J MAHADY                                    |         |     |              |      | МО        | DAY     | YEAR          |         |             |
| Mailing 701 WELDON ST                               |         |     |              |      |           |         |               | \$      | 300.00      |
| City LATROBE  | State   | Zij | p Code (Plus | 4)   | 10        | 30      | 2023          | 3       |             |
|   | PA      | 15  | 5650         |      |           |         |               |         |             |
| Employer Name MAHADY & MAHA                         | ADY     |     |              |      | Occupat   | ion /   | ATTORN        | EY      |             |
| Employer Mailing Address/Principal Plac<br>Business | e of    |     | City         |      | •         | State   |               | Zip Cod | ie (Plus 4) |
| 1308 LIGONIER ST                                    |         |     | LATROBE      |      |           | PA      |               | 15650   | )           |

| Full Name of Contributor RYAN DANSAK        |                 |           |                  | МО      | DAY    | YEAR   |            |          |
|---|-----------------|-----------|------------------|---------|--------|--------|------------|----------|
| Mailing 12889 DEBORAH                       | DR              |           |                  |         |        |        | \$         | 500.00   |
| City IRWIN                                  | State           | Zi        | p Code (Plus 4)  | 10      | 27     | 2023   |            |          |
|   | PA              | 15        | 5642             |         |        |        |            |          |
| Employer Name MYERS DUFFY DA                | NSAK & CLI      | EGG LLC   |                  | Occupat | tion A | TTORNI | ΕΥ         |          |
| Employer Mailing Address/Principal Business | Place of        |           | City             |         | State  |        | Zip Code ( | Plus 4)  |
| 226 MAIN STSUITE 1                          |                 |           | IRWIN            |         | PA     |        | 15642      |          |
| Full Name of Contributor SCHIMIZZI LAW, LLC |                 |           |                  | мо      | DAY    | YEAR   |            |          |
| Mailing 35 W PITTSBURGI                     | H ST            |           |                  |         |        |        | <b>\$</b>  | 500.00   |
| City GREENSBURGH                            | State           | Zi        | p Code (Plus 4)  | 10      | 27     | 2023   |            |          |
|   | PA              | 15        | 5601             |         |        |        |            |          |
| Employer Name                               | •               | •         |                  | Occupat | tion   |        | •          |          |
| Employer Mailing Address/Principal Business | Place of        |           | City             |         | State  |        | Zip Code ( | Plus 4)  |
| Enter Grand Total of Part C on So           | chedule I, Deta | iled Sumr | mary Page, Secti | on 3.   |        |        | PAG        | E TOTAL  |
|   | ,               |           | , 3,             |         |        |        | <b>\$</b>  | 2,800.00 |

## 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 Co | andidate              |                  | Report  | ting Perio | bd  |      |    |          |
|--------------------------------|-----------------------|------------------|---------|------------|-----|------|----|----------|
|                                |                       |                  | From:   |            |     | То:  |    |          |
|                                |                       |                  |         | D          | ATE |      | AN | 10UNT    |
| Full Name                      |                       |                  |         | мо         | DAY | YEAR |    |          |
| Mailing Address                |                       |                  |         |            |     |      | \$ | 0.00     |
| City                           | State                 | Zip Code (       | Plus 4) |            |     |      |    |          |
| Receipt Description            | ·                     | •                |         |            |     |      |    |          |
| Enter Grand Total of Part E or | Schedule T Detaile    | d Summary Page   | Section | 4          |     |      | PA | GE TOTAL |
| Lines Grana Fotal of Fair 2 of | r benedule 1/ betanet | z Summary 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 Per | od                           |            |
|--|---------------|------------------------------|------------|
| FRIENDS OF JUDGE HARRY SMAIL   | From:         | <u>10/24/2023</u> <b>To:</b> | 11/27/2023 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTO | र                            |            |
| 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)     | \$                           | 23,733.37  |
| 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, 3 | •             | \$                           | 23,733.37  |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candida     | ame of Filing Committee or Candidate |                       |          | Reporting Period |       |     |            |  |  |  |
|---|--------------------------------------|-----------------------|----------|------------------|-------|-----|------------|--|--|--|
| ull Name of Contributor lailing Address |                                      |                       | From:    |                  |       | To: |            |  |  |  |
|   |                                      |                       |          | 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 So       | chedule II In-Vir                    | nd Contributions Deta | iled Sum | mary Pag         |       |     | DACE TOTAL |  |  |  |
| Section 2.                              | iledule 11, 111-Kii                  | id Contributions Deta | neu Sum  | illial y Pag     | , je, |     | PAGE TOTAL |  |  |  |
|   |                                      |                       |          |                  |       | \$  | 0.00       |  |  |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Full Name of Contributor REPUBLICAN PARTY OF PENNSYLVANIA  Mailing Address 112 STATE STREET  City HARRISBURG  State PA   | iod       |                         |                                   |
|--|-----------|-------------------------|-----------------------------------|
| Full Name of Contributor REPUBLICAN PARTY OF PENNSYLVANIA  Mailing Address 112 STATE STREET  City HARRISBURG  State PA 17101  Employer of Contributor  City State Susiness  City State Zip Code(Plus 4) 2  | 10/24/202 | ) <u>23</u> <b>To</b> : | 11/27/2023                        |
| Mailing Address 112 STATE STREET  City HARRISBURG  State PA 17101  Employer of Contributor  Employer Mailing Address/Principal Place of Business  City HARRISBURG  Full Name of Contributor  REPUBLICAN PARTY OF PENNSYLVANIA  Mailing Address 112 STATE STREET  City HARRISBURG  State Zip Code(Plus 4) 4)  MO  Employer of Contributor REPUBLICAN PARTY OF PENNSYLVANIA  Mailing Address 112 STATE STREET  City HARRISBURG  State PA 17101  Employer of Contributor  Coccupation  Occupation  Occupation | DATE      |                         | AMOUNT                            |
| City HARRISBURG  State PA 17101  Employer of Contributor  City Mailing Address/Principal Place of Business  Full Name of Contributor  REPUBLICAN PARTY OF PENNSYLVANIA  Mailing Address 112 STATE STREET  City HARRISBURG  State PA 17101  Employer of Contributor  REPUBLICAN PARTY OF PENNSYLVANIA  MO  City HARRISBURG  State PA 17101  Employer Mailing Address/Principal Place of City State Zip Code  Employer Mailing Address/Principal Place of City State Zip Code                                | DAY       | YEAR                    |                                   |
| Employer of Contributor  Employer Mailing Address/Principal Place of Business  Full Name of Contributor  REPUBLICAN PARTY OF PENNSYLVANIA  Mailing Address  112 STATE STREET  City HARRISBURG  State Zip Code(Plus 4)  17101  Employer of Contributor  PA 215 Code(Plus 4)  11 Coccupation  City State Zip Code(Plus 4)  17101  Employer of Contributor  Employer Mailing Address/Principal Place of City State Zip Code   |           |                         | <b>\$</b> 27.08                   |
| Employer Mailing Address/Principal Place of Business  Full Name of Contributor REPUBLICAN PARTY OF PENNSYLVANIA  Mailing Address 112 STATE STREET  City HARRISBURG  State PA  Zip Code(Plus 4) 17101  Employer of Contributor  City State  Zip Code(Plus 4) 17101  Decupation  | 7         | 2023                    | 3                                 |
| Full Name of Contributor REPUBLICAN PARTY OF PENNSYLVANIA  Mailing Address 112 STATE STREET  City HARRISBURG  State PA 2 17101  Employer of Contributor  City Mailing Address/Principal Place of City State Zip Code  Occupation   | n         |                         |                                   |
| REPUBLICAN PARTY OF PENNSYLVANIA  Mailing Address 112 STATE STREET  City HARRISBURG  State Zip Code(Plus 4) 17101  Employer of Contributor  City State City State Zip Code(Plus 4) 27101   | de(Plus   |                         | ription of Contribution MESSAGING |
| City HARRISBURG  State   Zip Code(Plus 4)   17101  Employer of Contributor  City   State   Zip Code(Plus 4)   27101  Coccupation   | DAY       | YEAR                    |                                   |
| City HARRISBURG PA 17101  Employer of Contributor  City HARRISBURG  Occupation  City State  Zip Code(Plus 4)  17101  City State  Zip Code(Plus 4)  17101   |           |                         | <b>\$</b> 23,706.29               |
| Employer Mailing Address/Principal Place of City State Zip Code  | 7         | 2023                    | 3                                 |
|  | n         | <u> </u>                |                                   |
| 1  | de(Plus   | Desc                    | ription of Contribution           |
|  |           | PRIN                    | TING AND POSTAGE                  |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.  |           |                         | <b>PAGE TOTAL</b> 23,733.37       |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Ca         | andidate              |                                   | Reporti                  | ng Period              |           |     |            |
|--|-----------------------|-----------------------------------|--------------------------|------------------------|-----------|-----|------------|
| FRIENDS OF JUDGE HARRY SM              | 1AIL                  |                                   | From                     | 10/2                   | 4/2023    | То: | 11/27/2023 |
|  |                       |                                   |                          | DATE                   | AMOUNT    |     |            |
| To Whom Paid<br>LN CONSULTING, LLC     |                       |                                   | мо                       | DAY                    | YEAR      |     |            |
| Mailing Address 121 STATE              | ST                    |                                   | 10                       | 24                     | 2023      | \$  | 2,096.36   |
| <b>City</b> HARRISBURG                 | <b>State</b><br>PA    | <b>Zip Code (Plus 4)</b> 17101    | <b>Descrip</b><br>PRINTI | otion of Exp           | penditure | 1   |            |
| To Whom Paid STRATEGIC MEDIA PLACEMENT | МО                    | DAY                               | YEAR                     |                        |           |     |            |
| Mailing Address 7669 STAGE             | ERS LOOP              |                                   | 10                       | 24                     | 2023      | \$  | 120,000.00 |
| City DELAWARE                          | State<br>OH           | <b>Zip Code (Plus 4)</b> 43015    | 1                        | otion of Exp           |           |     |            |
| <b>To Whom Paid</b><br>GK VISUAL, LLC  |                       |                                   | МО                       | DAY                    | YEAR      |     |            |
| Mailing Address 933 ROSE S             | ST                    |                                   | 10                       | 25                     | 2023      | \$  | 4,412.75   |
| City HARRISBURG                        | <b>State</b><br>PA    | <b>Zip Code (Plus 4)</b><br>17102 | <b>Descrip</b><br>PRODU  | otion of Exp           | penditure |     |            |
| To Whom Paid<br>ANEDOT                 |                       |                                   | МО                       | DAY                    | YEAR      |     |            |
| Mailing Address 1340 POYDI             | RAS STREET SUITE 1770 | )                                 | 10                       | 26                     | 2023      | \$  | 8.30       |
| City NEW ORLEANS                       | <b>State</b><br>LA    | <b>Zip Code (Plus 4)</b><br>70112 | <b>Descrip</b><br>SERVIO | otion of Exp<br>CE FEE | penditure |     |            |
| To Whom Paid<br>ANEDOT                 |                       |                                   | мо                       | DAY                    | YEAR      |     |            |
| Mailing Address 1340 POYDI             | RAS STREET SUITE 1770 | )                                 | 10                       | 27                     | 2023      | \$  | 20.30      |
| City NEW ORLEANS                       | State                 | Zip Code (Plus 4)                 | Descrip                  | tion of Exp            | penditure |     |            |

70112

SERVICE FEE

LA

| To Whom Paid<br>ANEDOT  |  |  | мо   | DAY   | YEAR                                   |            |
|---|--|--|--|---|--|------------|
| Mailing Address 1340 P  | OYDRAS STREET SUITE                                      | 1770   | 10   | 29  | 2023                                   | \$<br>4.30 |
| City NEW ORLEANS  | State<br>LA  | <b>Zip Code (Plus 4)</b> 70112                           | <b>Descrip</b><br>SERVIO   | otion of Exp                                      | enditure                               |            |
| To Whom Paid<br>ANEDOT  |  |  | мо   | DAY   | YEAR                                   |            |
| Mailing Address 1340 Pe   | OYDRAS STREET SUITE                                      | 1770   | 10   | 29  | 2023                                   | \$<br>8.30 |
| City NEW ORLEANS  | <b>State</b><br>LA                                       | <b>Zip Code (Plus 4)</b> 70112                           | <b>Descrip</b><br>SERVIO   | otion of Exp                                      | enditure                               |            |
| To Whom Paid<br>ANEDOT  |  |  | мо   | DAY   | YEAR                                   |            |
| Mailing Address 1340 Pe   | OYDRAS STREET SUITE                                      | 1770   | 10   | 30  | 2023                                   | \$<br>2.30 |
| City NEW ORLEANS  | <b>State</b><br>LA                                       | <b>Descrip</b><br>SERVIO                                 | otion of Exp   | enditure  |  |            |
|   |  | 70112  | SERVI  | , , , , ,   |  |            |
| To Whom Paid ANEDOT   |  | 70112  | мо   | DAY   | YEAR                                   |            |
| ANEDOT  | OYDRAS STREET SUITE                                      | I  |  |   | <b>YEAR</b> 2023                       | \$<br>6.30 |
| ANEDOT  |  | I  | мо 10  | DAY 31 otion of Exp                               | 2023                                   | \$<br>6.30 |
| Mailing Address 1340 P  | OYDRAS STREET SUITE State LA                             | 1770 Zip Code (Plus 4)                                   | MO 10 Descrip  | DAY 31 otion of Exp                               | 2023                                   | \$<br>6.30 |
| Mailing Address 1340 Policy NEW ORLEANS  To Whom Paid STRATEGIC MEDIA PLACEN  | OYDRAS STREET SUITE State LA                             | 1770 Zip Code (Plus 4)                                   | MO  10  Description of the service o | DAY  31  otion of Exp                             | 2023<br>penditure                      | \$<br>6.30 |
| Mailing Address 1340 Policy NEW ORLEANS  To Whom Paid STRATEGIC MEDIA PLACEN  | OYDRAS STREET SUITE State LA MENT                        | 1770 Zip Code (Plus 4)                                   | MO  10  Descrip SERVIO  MO  10  Descrip  | DAY  31  otion of Exp CE FEE  DAY                 | 2023  penditure  YEAR  2023  penditure |            |
| Mailing Address 1340 PC  City NEW ORLEANS  To Whom Paid STRATEGIC MEDIA PLACEN  Mailing Address 7669 S                                  | OYDRAS STREET SUITE  State  LA  MENT  TAGERS LOOP  State | 2ip Code (Plus 4)<br>70112<br>Zip Code (Plus 4)          | MO  10  Descrip SERVIO  MO  10  Descrip  | DAY  31  DEFEE  DAY  31  Otion of Exp             | 2023  penditure  YEAR  2023  penditure |            |
| Mailing Address 1340 Policy NEW ORLEANS  To Whom Paid STRATEGIC MEDIA PLACEM Mailing Address 7669 Si City DELAWARE  To Whom Paid ANEDOT | OYDRAS STREET SUITE  State  LA  MENT  TAGERS LOOP  State | 2ip Code (Plus 4)<br>70112<br>Zip Code (Plus 4)<br>43015 | MO  10  Descrig SERVIO  MO  10  Descrig MEDIA  | DAY  31  DAY  31  DAY  31  DETAIL OF THE PLACEMEN | 2023  Penditure  YEAR  2023  Penditure |            |

|   |                                  |                                |  |                             |  | PAGE |              |
|---|----------------------------------|--------------------------------|--|-----------------------------|--|------|--------------|
| To Whom Paid<br>ANEDOT  |                                  |                                | МО                                       | DAY                         | YEAR                                   |      |              |
| Mailing Address 1340 POYDRAS STR  | EET SUITE 1770                   |                                | 11                                       | 1                           | 2023                                   | \$   | 10.30        |
| City NEW ORLEANS  | <b>State</b><br>LA               | <b>Zip Code (Plus 4)</b> 70112 | <b>Descrip</b><br>SERVIC                 | otion of Exp                | enditure                               |      |              |
| To Whom Paid<br>ANEDOT  |                                  |                                | мо                                       | DAY                         | YEAR                                   |      |              |
| Mailing Address 1340 POYDRAS STR  | EET SUITE 1770                   |                                | 11                                       | 1                           | 2023                                   | \$   | 4.30         |
| City NEW ORLEANS  | <b>Descrip</b><br>SERVIC         | tion of Exp                    | enditure                                 |                             |  |      |              |
| To Whom Paid<br>ANEDOT  |                                  |                                | мо                                       | DAY                         | YEAR                                   |      |              |
| Mailing Address 1340 POYDRAS STR  | EET SUITE 1770                   |                                | 11                                       | 2                           | 2023                                   | \$   | 0.50         |
| City NEW ORLEANS  | State Zin Code (Plus 4)          |                                |  | tion of Exp                 | enditure                               |      |              |
|   |                                  |                                |  |                             |  |      |              |
| To Whom Paid ANEDOT   |                                  | <u> </u>                       | МО                                       | DAY                         | YEAR                                   |      |              |
|   | LEET SUITE 1770                  |                                | <b>MO</b>                                | <b>DAY</b> 2                | <b>YEAR</b> 2023                       | \$   | 4.30         |
| ANEDOT  | State                            | <b>Zip Code (Plus 4)</b> 70112 | 11                                       | 2<br>otion of Exp           | 2023                                   |      | 4.30         |
| Mailing Address 1340 POYDRAS STR  | State                            |                                | 11 Descrip                               | 2<br>otion of Exp           | 2023                                   |      | 4.30         |
| ANEDOT  Mailing Address 1340 POYDRAS STR  City NEW ORLEANS  To Whom Paid  | State<br>LA                      |                                | 11  Descrip SERVIC                       | 2<br>etion of Exp<br>EE FEE | 2023<br>penditure                      |      | 4.30<br>2.30 |
| Mailing Address 1340 POYDRAS STR  City NEW ORLEANS  To Whom Paid ANEDOT   | State<br>LA                      |                                | Descrip<br>SERVIC                        | 2 DAY 3                     | 2023 penditure YEAR 2023               | \$   |              |
| Mailing Address 1340 POYDRAS STR  City NEW ORLEANS  To Whom Paid ANEDOT  Mailing Address 1340 POYDRAS STR                                 | State  LA  EET SUITE 1770  State | 70112 Zip Code (Plus 4)        | Descrip SERVIC                           | 2 DAY 3                     | 2023 penditure YEAR 2023               | \$   |              |
| Mailing Address 1340 POYDRAS STR  City NEW ORLEANS  To Whom Paid ANEDOT  Mailing Address 1340 POYDRAS STR  City NEW ORLEANS  To Whom Paid | EET SUITE 1770 State LA          | 70112 Zip Code (Plus 4)        | Descrip SERVICE  MO  11  Descrip SERVICE | DAY  3 btion of Exp         | 2023  Penditure  YEAR  2023  Penditure | \$   |              |

|  |                    |                                |                          |                        |           | PA | NGE 22   |
|--|--------------------|--------------------------------|--------------------------|------------------------|-----------|----|----------|
| To Whom Paid<br>ANEDOT                   |                    |                                | мо                       | DAY                    | YEAR      |    |          |
| Mailing Address 1340 POYDRAS             | STREET SUITE 17    | 70                             | 11                       | 5                      | 2023      | \$ | 2.30     |
| City NEW ORLEANS                         | <b>State</b><br>LA | <b>Zip Code (Plus 4)</b> 70112 | <b>Descrip</b><br>SERVIO | otion of Exp           | penditure |    |          |
| To Whom Paid<br>ANEDOT                   |                    |                                | МО                       | DAY                    | YEAR      |    |          |
| Mailing Address 1340 POYDRAS             | STREET SUITE 17    | 70                             | 11                       | 6                      | 2023      | \$ | 6.30     |
| City NEW ORLEANS                         | <b>State</b><br>LA | <b>Zip Code (Plus 4)</b> 70112 | <b>Descrip</b><br>SERVIO | otion of Exp<br>CE FEE | penditure |    |          |
| To Whom Paid<br>GALLAGHER PRINTING, INC. |                    |                                | МО                       | DAY                    | YEAR      |    |          |
| Mailing Address 601 W MAIN ST            | P.O. BOX 382       |                                | 11                       | 27                     | 2023      | \$ | 746.27   |
| City PALMYRA                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 17078 | <b>Descrip</b><br>SHIRTS | otion of Exp           | penditure |    |          |
| To Whom Paid<br>GALLAGHER PRINTING, INC. |                    |                                | МО                       | DAY                    | YEAR      |    |          |
| Mailing Address 601 W MAIN ST            | P.O. BOX 382       |                                | 11                       | 27                     | 2023      | \$ | 2,440.37 |
| City PALMYRA                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 17078 | 1                        | otion of Exp           |           |    |          |
| <b>To Whom Paid</b><br>HARRY F SMAIL     |                    |                                | МО                       | DAY                    | YEAR      |    |          |
| Mailing Address 2 N MAIN ST              |                    |                                | 11                       | 27                     | 2023      | \$ | 6,062.16 |
| <b>City</b> GREENSBURG                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 15601 |                          | otion of Exp           |           |    |          |
| <b>To Whom Paid</b><br>JOE WEIDNER       |                    |                                | МО                       | DAY                    | YEAR      |    |          |
|  |                    |                                |                          | i                      |           | I  |          |
| Mailing Address 205 MULBERRY             | ST EXT APT 102     |                                | 11                       | 27                     | 2023      | \$ | 2,168.00 |

| To Whom Paid PNC BANK         |                          |                         | мо       | DAY | YEAR |                                |
|-------------------------------|--------------------------|-------------------------|----------|-----|------|--------------------------------|
| Mailing Address 110 S 32ND ST |                          |                         |          | 27  | 2023 | \$<br>190.00                   |
| City CAMP HILL                | <b>Descrip</b><br>SERVIC | otion of Exp<br>CE FEE  | enditure |     |      |                                |
| Enter Grand Total of Expe     | nditures on Page 1, Re   | port Cover Page, Item D | •        |     |      | \$<br>PAGE TOTAL<br>155,710.61 |
|                               |                          |                         |          |     |      |                                |
|                               |                          |                         |          |     |      |                                |