

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

RECEIVED MAR 03 2017

File this in lieu of a full report *only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.*

FILER IDENTIFICATION NUMBER 173-56-8734		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <sup>2</sup>	LOBBYIST <sup>3</sup>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST THERESA KAIL-SMITH							
STREET ADDRESS 132 HYOE STREET							
CITY PITTSBURGH			STATE PA	ZIP CODE 15205			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
	MEMBER OF COUNCIL		2	DEM	MO.	DAY	YEAR
	6TH TUESDAY PRE-PRIMARY <sup>1</sup>	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY			
	<input checked="" type="checkbox"/>	MO.	DAY	YEAR			
	2ND FRIDAY PRE-PRIMARY <sup>2</sup>						
	<input type="checkbox"/>						
	30 DAY POST-PRIMARY <sup>3</sup>						
	<input type="checkbox"/>						
6TH TUESDAY PRE-ELECTION <sup>4</sup>	CASH BALANCE AT END OF REPORTING PERIOD: \$		0				
<input type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$		0				
2ND FRIDAY PRE-ELECTION <sup>5</sup>	AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>		
30 DAY POST-ELECTION <sup>6</sup>							
<input type="checkbox"/>							
ANNUAL REPORT <sup>7</sup>							
<input type="checkbox"/>							

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
 3<sup>rd</sup> DAY OF March 2017  
 Lita M. Martini  
 COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 SIGNATURE M. Martini, Notary Public  
 City of Pittsburgh, Allegheny County  
 My Commission Expires Aug. 1, 2019  
 MEMBER PENNSYLVANIA ASSOCIATION OF NOTARIES

Theresa Kail Smith  
 SIGNATURE OF PERSON SUBMITTING REPORT  
 Theresa Kail Smith  
 PRINTED NAME  
 412  
 AREA CODE  
 769-4991  
 DAYTIME TELEPHONE NUMBER

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
 \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_  
 \_\_\_\_\_  
 SIGNATURE  
 MY COMMISSION EXPIRES \_\_\_\_\_  
 MO. DAY YR.

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE  
 \_\_\_\_\_  
 PRINTED NAME  
 \_\_\_\_\_  
 AREA CODE DAYTIME TELEPHONE NUMBER

**Commonwealth of Pennsylvania - Campaign Finance Report**

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	80-0256513	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	FRIENDS TO ELECT THERESA SMITH							
Street Address	c/o 1409 CARNAHAN RD							
City	PITTSBURGH	State	PA	Zip Code	15220			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)	5/16/2017	Year	2017			Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
		1/1/17	1/31/2017	
A. Amount Brought Forward From Last Report	\$	3747.51		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	750.00		
C. Total Funds Available (Sum of Lines A and B)	\$	4497.51		
D. Total Expenditures (From Schedule III)	\$	200.00		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	4297.51		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0		

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

3<sup>rd</sup> day of March 2017

*Lita M. Martini*

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Rita M. Martini, Notary Public  
 City of Pittsburgh, Allegheny County  
 My Commission Expires Aug. 1, 2019

*Luca Mitrarello*

Signature of Person Submitting report

LUCA MITRARELLO

Printed Name

412

Area Code

417-5398

Daytime Telephone Number

Part II- If this is a report of a **Candidate's** Authorized Downstream Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO. 320) as amended.

Sworn to and subscribed before me this

3<sup>rd</sup> day of March 2017

*Lita M. Martini*

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Rita M. Martini, Notary Public  
 City of Pittsburgh, Allegheny County  
 My Commission Expires Aug. 1, 2019

*Theresa Kail Smith*

Signature of Candidate

Theresa Kail Smith

Printed Name

412

Area Code

969-4991

Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	80-0256513	
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period (1)	\$	0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	250.00
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	250.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	500.00
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	500.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	750.00

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.

Filer Identification Number								
							Amount	
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	250.00
BRICKLAYERS + ALLIED CRAFTWORKERS LOCAL 9								
House #	Street Address		Date [MM/DD/YYYY]		\$			
100	KINGSTON DRIVE							
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
PITTSBURGH	PA	15235						
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$			

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 over \$250.00 in the reporting period.

Filer Identification Number:	80-0256513
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
Firefighters Local #1					1/5/2017		500.00
House #	120	Street Address		FLOWERS AVE.	Date [MM/DD/YYYY]	\$	
City	PITTSBURGH	State	PA	Zip Code	15207	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	80-0256513
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To Whom Paid	JEN HOFFMAN	Date [MM/DD/YYYY]	\$	200.00
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Donation to U. END SENIORS Party	
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City	State	Zip Code		