

CAMPAIGN FINANCE STATEMENT

RECEIVED JUN 01 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	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST										
THERESA SMITH										
STREET ADDRESS										
132 HYDE STREET										
CITY				STATE			ZIP CODE			
PITTSBURGH				PA			15205			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.		PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY		MEMBER OF COUNCIL			2		DEM		MO. DAY YEAR	
2ND FRIDAY PRE-PRIMARY									5 16 2017	
30 DAY POST-PRIMARY										
6TH TUESDAY PRE-ELECTION										
2ND FRIDAY PRE-ELECTION										
30 DAY POST-ELECTION										
ANNUAL REPORT										
		DATES OF REPORTING PERIOD			MO. DAY YEAR		TO		MO. DAY YEAR	
		5 1 2017			5 31 2017					
		CASH BALANCE AT END OF REPORTING PERIOD:			\$		0			
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$		0			
		AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>			
		TERMINATION REPORT?		YES		NO	<input checked="" 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

1ST DAY OF June 2017

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

Theresa Smith SIGNATURE OF PERSON SUBMITTING REPORT
 Theresa Smith PRINTED NAME

412-969-4997 AREA CODE 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 type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends to Elect Theresa Smith							
Street Address	c/o 1409 Carnahan Road							
City	Pittsburgh	State	PA	Zip Code	15220			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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)	Year		Amendment Report		Termination Report			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/1/2017	5/31/2017	
A. Amount Brought Forward From Last Report	\$	7651.28	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,500.00	
C. Total Funds Available (Sum of Lines A and B)	\$	9151.28	
D. Total Expenditures (From Schedule III)	\$	1721.41	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	7429.87	
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

1st day of June 20 17
 Signature: Rita M. Martini
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Rita M. Martini, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires Aug. 1, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of Payson Submitting report: Lori A. Marabello
 Printed Name: Lori A. Marabello
 Area Code: 412 Daytime Telephone Number: 417-5398

Part II- If this is a report of a Candidate's Authorized Committee, 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

1st day of June 20 17
 Signature: Rita M. Martini
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Rita M. Martini, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires Aug. 1, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of Candidate: Theresa Smith
 Printed Name: Theresa Smith
 Area Code: 412 Daytime Telephone Number: 969-4991

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	80-0256513	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	500.00
All Other Contributions (Part B)	\$	0
Total for the reporting period	(2)	\$ 500.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	1,000.00
All Other Contributions (Part D)	\$	0
Total for the reporting period	(3)	\$ 1,000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$ 1,500.00

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	80-0256513
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						Amount	
Full Name of Contributing Committee		Int'l UNION OF OPERATING ENGINEERS LOCAL 95 PFC FUND			Date [MM/DD/YYYY]	\$	250.00
House #	300	Street Address		SALINE STREET	Date [MM/DD/YYYY]	\$	
City	PITTSBURGH	State	PA	Zip Code	15207	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		IRONWORKERS PAL MULTI CANDIDATE COMMITTEE			Date [MM/DD/YYYY]	\$	250.00
House #	1750	Street Address		NEW YORK AVENUE, N.W.	Date [MM/DD/YYYY]	\$	
City	WASHINGTON	State	DC	Zip Code	20006	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		PEOPLE FOR PEDUTO				Date [MM/DD/YYYY]	\$	1,000.00
House #	427	Street Address		HASTINGS STREET		Date [MM/DD/YYYY]	\$	
City	PITTSBURGH		State	PA	Zip Code	15206	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

To Whom Paid		<u>POISE FOUNDATION</u>			Date [MM/DD/YYYY]	\$	
					<u>5/5/2017</u>		<u>200.00</u>
House #	Street Address				Description of Expenditure		
City		State		Zip Code	<u>Good Neighbor Project Donation</u>		
To Whom Paid		<u>BEER WORLD</u>			Date [MM/DD/YYYY]	\$	
					<u>5/6/2017</u>		<u>337.96</u>
House #	Street Address				Description of Expenditure		
City		State		Zip Code	<u>Door Prizes</u>		
To Whom Paid		<u>LORI MARABELLO</u>			Date [MM/DD/YYYY]	\$	
					<u>5/2/2017</u>		<u>55.50</u>
House #	Street Address				Description of Expenditure		
City	<u>1409</u>	State	<u>PA</u>	Zip Code	<u>Washington Heights Food Pantry BENEFIT</u>		
	<u>PITTSBURGH</u>			<u>15220</u>			
To Whom Paid		<u>WESTWOOD OAKWOOD ATHLETIC ASSOCIATION</u>			Date [MM/DD/YYYY]	\$	
					<u>5/2/2017</u>		<u>450.00</u>
House #	Street Address				Description of Expenditure		
City		State		Zip Code	<u>Team Sponsorship + Banner</u>		
	<u>PITTSBURGH</u>		<u>PA</u>	<u>15242</u>			
To Whom Paid		<u>THERESA ROCCO</u>			Date [MM/DD/YYYY]	\$	
					<u>5/10/2017</u>		<u>180.00</u>
House #	Street Address				Description of Expenditure		
City	<u>529</u>	State	<u>PA</u>	Zip Code	<u>Books</u>		
	<u>PITTSBURGH</u>			<u>15226</u>			
To Whom Paid		<u>SHERIFF MULLEN</u>			Date [MM/DD/YYYY]	\$	
					<u>5/11/2017</u>		<u>250.00</u>
House #	Street Address				Description of Expenditure		
City		State		Zip Code	<u>Donation</u>		
To Whom Paid		<u>VILLAGE TAVERN</u>			Date [MM/DD/YYYY]	\$	
					<u>5/13/17</u>		<u>147.95</u>
House #	Street Address				Description of Expenditure		
City		State		Zip Code	<u>W.E. PLANTING DAY FOOD</u>		
To Whom Paid		<u>SAMMY'S PIZZERIA</u>			Date [MM/DD/YYYY]	\$	
					<u>5/20/17</u>		<u>100.00</u>
House #	Street Address				Description of Expenditure		
City		State		Zip Code			