

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

OCT 27 2017

ETHICS HEARING BOARD

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 KAIL-SMITH										
STREET ADDRESS 132 HYDE ST.										
CITY PITTSBURGH					STATE PA		ZIP CODE 15205			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY					2	DEM		MO.	DAY	YEAR
2ND FRIDAY PRE-PRIMARY								11	7	2017
30 DAY POST-PRIMARY								FOR OFFICE USE ONLY		
6TH TUESDAY PRE-ELECTION										
2ND FRIDAY PRE-ELECTION										
30 DAY POST-ELECTION										
ANNUAL REPORT										
		DATES OF REPORTING PERIOD			MO. DAY YEAR		MO. DAY YEAR			
					9 1 17		TO 9 30 17			
		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' 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 (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
 26TH DAY OF OCTOBER 2017

Deborah B. Marzetti
 SIGNATURE

My COMMISSION EXPIRES 12 / 02 / 2018
 MO. DAY YR.

Theresa Smith
 SIGNATURE OF PERSON SUBMITTING REPORT

Theresa Smith
 PRINTED NAME

412 989-4991
 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

 SIGNATURE OF CANDIDATE

 PRINTED NAME

MY COMMISSION EXPIRES _____
 MO. DAY YR.

 AREA CODE

 DAYTIME TELEPHONE NUMBER

RECEIVED

OCT 27 2017

Reset Form

Print Form

ETHICS HEARING BOARD

Commonwealth of Pennsylvania - Campaign Finance Report

Pg 1 of 2

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

Filer Identification Number	80-0256513	Report Filed By (Mark X)	<input type="checkbox"/>	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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/7/17	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
		9/1/17	
A. Amount Brought Forward From Last Report	\$ 941.73		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 0		
C. Total Funds Available (Sum of Lines A and B)	\$ 941.73		
D. Total Expenditures (From Schedule III)	\$ 555.66		
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 386.07		
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

26th day of OCTOBER 20 17
Deborah B. Moretti
Signature

Loe A Marabelli
Signature of Person Submitting report
Loe A Marabelli
Printed Name

My Commission expires 12/02/2018
MO. DAY YR.

412 Area Code
417-5398 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Deborah B. Moretti, Notary Public
Carnegie Boro, Allegheny County
My Commission Expires Dec. 2, 2018
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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

26th day of OCTOBER 20 17
Deborah B. Moretti
Signature

Theresa Smith
Signature of Candidate
Theresa Smith
Printed Name

My Commission expires 12/02/2018
MO. DAY YR.

412 Area Code
969-4991 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Deborah B. Moretti, Notary Public
Carnegie Boro, Allegheny County
My Commission Expires Dec. 2, 2018
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

pg 2 of 2

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	80-0256513
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To Whom Paid	TREAS., CITY OF PGH	Date [MM/DD/YYYY]	9/6/2017	\$	25.00
House #	462	Street Address	CITY-COUNTY BUILDING		
City	PGH	State	PA	Zip Code	15219
Description of Expenditure					
STRAKA ST. BLOCK Frc PARTY					
To Whom Paid	BEER WORLD	Date [MM/DD/YYYY]	9/11/2017	\$	187.19
House #	2121	Street Address	NOBLESTOWN ROAD		
City	PITTSBURGH	State	PA	Zip Code	15205
Description of Expenditure					
FOOD FOR PUBLIC SAFETY MTG					
To Whom Paid	G.F.S.	Date [MM/DD/YYYY]	9/11/2017	\$	156.47
House #	1	Street Address	URBANO WAY		
City	PGH	State	PA	Zip Code	15205
Description of Expenditure					
FOOD FOR PUBLIC SAFETY MTG					
To Whom Paid	SHERADEN SR. CENTER	Date [MM/DD/YYYY]	9/21/2017	\$	150.00
House #	720	Street Address	SHERWOOD AVE		
City	PGH	State	PA	Zip Code	15204
Description of Expenditure					
BINGO FUNDRAISER DONATION					
To Whom Paid	U.S.P.S.	Date [MM/DD/YYYY]	9/27/2017	\$	37.00
House #	4	Street Address	PARKWAY CTN		
City	PGH	State	PA	Zip Code	15220
Description of Expenditure					
P.O. BOX RENEWAL					
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address			
City		State		Zip Code	
Description of Expenditure					