

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

RECEIVED

OCT 27 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.

ETHICS HEARING BOARD

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										
6TH TUESDAY PRE-ELECTION										
2ND FRIDAY PRE-ELECTION										
30 DAY POST-ELECTION										
ANNUAL REPORT										
		DATES OF REPORTING PERIOD			MO.		DAY		YEAR	
		10 1 17			TO		10 31 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					
		TERMINATION REPORT?		YES	NO					

**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.

(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  
 26<sup>th</sup> DAY OF OCTOBER 2017

Deborah B. Moretti  
 SIGNATURE

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

Theresa Smith  
 SIGNATURE OF PERSON SUBMITTING REPORT

Theresa Smith  
 PRINTED NAME

411 969-4991  
 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

MY COMMISSION EXPIRES \_\_\_\_\_  
 MO. DAY YR.

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_ AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER

OCT 9 7 2017

P81 of 2

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	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 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 <i>R2E</i>	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/7/2017		Year	2017		Amendment Report	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
		10/1/2017	10/31/2017	
A. Amount Brought Forward From Last Report	\$	386.07		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0		
C. Total Funds Available (Sum of Lines A and B)	\$	386.07		
D. Total Expenditures (From Schedule III)	\$	87.45		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	298.62		
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

26<sup>th</sup> day of OCTOBER 20 17  
 Deborah B. Moretti  
 Signature

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

*Lu A Marabelli*  
 Signature of Person Submitting report  
 Lu A Marabelli  
 Printed Name  
 412 417-5398  
 Area Code 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

26<sup>th</sup> day of OCTOBER 20 17  
 Deborah B. Moretti  
 Signature

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

*Theresa Smith*  
 Signature of Candidate  
 Theresa Smith  
 Printed Name  
 412 969-4991  
 Area Code 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

**SCHEDULE III  
Statement of Expenditures**

<b>Filer Identification Number:</b>	80-0256513
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<b>To Whom Paid</b>		STEEL CITY BOXING ASSOC			<b>Date [MM/DD/YYYY]</b>	\$	50.00
House #	Street Address	HOMER + DAMAS STREETS			<b>Description of Expenditure</b>		
City	PGH	State	PA	Zip Code	15212	DONATION	
<b>To Whom Paid</b>		GIANT EAGLE			<b>Date [MM/DD/YYYY]</b>	\$	37.45
House #	Street Address				<b>Description of Expenditure</b>		
City		State		Zip Code			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
House #	Street Address				<b>Description of Expenditure</b>		
City		State		Zip Code			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
House #	Street Address				<b>Description of Expenditure</b>		
City		State		Zip Code			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
House #	Street Address				<b>Description of Expenditure</b>		
City		State		Zip Code			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
House #	Street Address				<b>Description of Expenditure</b>		
City		State		Zip Code			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
House #	Street Address				<b>Description of Expenditure</b>		
City		State		Zip Code			