

RECEIVED  
 OCT 27 2017  
 ETHICS HEARING BOARD

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

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<br>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<br>THERESA KAIL-SMITH |  |   |  |           |                                     |                                     |                          |                           |                          |
| STREET ADDRESS<br>132 HYDE STREET                                     |  |   |  |           |                                     |                                     |                          |                           |                          |
| CITY<br>PITTSBURGH  |  |   |  |           | STATE<br>PA                         |                                     | ZIP CODE<br>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<br>5 16 2017 |                          |
| 2ND FRIDAY PRE-PRIMARY  |  | DATES OF REPORTING PERIOD   |  |           | MO. DAY YEAR                        | MO. DAY YEAR                        | FOR OFFICE USE ONLY      |                           |                          |
| 30 DAY POST-PRIMARY   |  | 8 1 17 TO 8 31 17   |  |           |                                     |                                     |                          |                           |                          |
| 6TH TUESDAY PRE-ELECTION  |  | CASH BALANCE AT END OF REPORTING PERIOD: \$ 0   |  |           |                                     |                                     |                          |                           |                          |
| 2ND FRIDAY PRE-ELECTION   |  | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0 |  |           |                                     |                                     |                          |                           |                          |
| 30 DAY POST-ELECTION  |  | AMENDMENT REPORT?   |  | YES       | NO                                  | <input checked="" type="checkbox"/> |                          |                           |                          |
| ANNUAL REPORT   |  | 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 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  
 26<sup>TH</sup> DAY OF OCTOBER 20 17  
 Deborah B. Moretti, Notary Public  
 Carnegie Boro, Allegheny County  
 My Commission Expires Dec. 2, 2018  
 PENNSYLVANIA ASSOCIATION OF NOTARIES  
 SIGNATURE  
 MY COMMISSION EXPIRES 12/02/2018  
 MO. DAY YR.

*Theresa Smith*  
 SIGNATURE OF PERSON SUBMITTING REPORT  
 Theresa Smith  
 PRINTED NAME  
 412 AREA CODE  
 969-4991 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  
 NOTARIAL SEAL  
 Deborah B. Moretti, Notary Public  
 Carnegie Boro, Allegheny County  
 My Commission Expires Dec. 2, 2018  
 PENNSYLVANIA ASSOCIATION OF NOTARIES

OCT 27 2017

ETHICS HEARING BOARD

Reset Form

Print Form

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) | 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 <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 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)          | 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 |
|  | 8/1/2017  | 8/31/17 |                     |
| A. Amount Brought Forward From Last Report                     | \$        | 2478.69 |                     |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$        | 0       |                     |
| C. Total Funds Available (Sum of Lines A and B)                | \$        | 2478.69 |                     |
| D. Total Expenditures (From Schedule III)                      | \$        | 1536.96 |                     |
| E. Ending Cash Balance (Subtract Line D from Line C)           | \$        | 941.73  |                     |
| 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 2017

Deborah B. Moretti  
Signature

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

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

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 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 Candidate  
Theresa Smith  
Printed Name

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

**SCHEDULE III  
Statement of Expenditures**

|                              |            |
|------------------------------|------------|
| Filer Identification Number: | 80-0256513 |
|------------------------------|------------|

|              |                     |       |    |          |                             |           |    |        |
|--------------|---------------------|-------|----|----------|-----------------------------|-----------|----|--------|
| To Whom Paid | NICOLE BROWN        |       |    |          | Date [MM/DD/YYYY]           | 8/1/2017  | \$ | 150.00 |
| House #      | Street Address      |       |    |          | Description of Expenditure  |           |    |        |
| City         | PGH                 | State | PA | Zip Code | School Backpacks            |           |    |        |
| To Whom Paid | OUR LADY OF VICTORY |       |    |          | Date [MM/DD/YYYY]           | 8/1/2017  | \$ | 300.00 |
| House #      | Street Address      |       |    |          | Description of Expenditure  |           |    |        |
| City         | 1000                | State | PA | Zip Code | DONATION                    |           |    |        |
| City         | CARNEGIE            | State | PA | Zip Code | 15106                       |           |    |        |
| To Whom Paid | GIANT EAGLE         |       |    |          | Date [MM/DD/YYYY]           | 8/1/2017  | \$ | 286.96 |
| House #      | Street Address      |       |    |          | Description of Expenditure  |           |    |        |
| City         | 51                  | State | PA | Zip Code | FOOD FOR COMMUNITY FESTIVAL |           |    |        |
| City         | PGH                 | State | PA | Zip Code | 15205                       |           |    |        |
| To Whom Paid | ZEALOUS HOPE        |       |    |          | Date [MM/DD/YYYY]           | 8/14/2017 | \$ | 250.00 |
| House #      | Street Address      |       |    |          | Description of Expenditure  |           |    |        |
| City         | 306                 | State | PA | Zip Code | DONATION                    |           |    |        |
| City         | MCKEES ROCKS        | State | PA | Zip Code | 15136                       |           |    |        |
| To Whom Paid | JILL HARRIS         |       |    |          | Date [MM/DD/YYYY]           | 8/14/2017 | \$ | 250.00 |
| House #      | Street Address      |       |    |          | Description of Expenditure  |           |    |        |
| City         | 225                 | State | PA | Zip Code | FARM TO TABLE FUNDRAISER    |           |    |        |
| City         | PGH                 | State | PA | Zip Code | 15211                       |           |    |        |
| To Whom Paid | MARY WILLIAMS       |       |    |          | Date [MM/DD/YYYY]           | 8/15/2017 | \$ | 300.00 |
| House #      | Street Address      |       |    |          | Description of Expenditure  |           |    |        |
| City         | 3603                | State | PA | Zip Code | S.A.L.T. DONATION           |           |    |        |
| City         | PGH                 | State | PA | Zip Code | 15204                       |           |    |        |
| 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 |                             |           |    |        |