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	80-0256513	REPORT FILED ON BEHALF OF	CANDIDATE 1. X	COMMITTEE 2.	LOBBYIST 3.

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST: Theresa Kail Smith

STREET ADDRESS: 132 Hyde 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 MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.	Member of Council	2	DEM	5	18	2021
2ND FRIDAY PRE-PRIMARY	2. X						
30 DAY POST-PRIMARY	3.						
6TH TUESDAY PRE-ELECTION	4.						
2ND FRIDAY PRE-ELECTION	5.						
30 DAY POST-ELECTION	6.						
ANNUAL REPORT	7.						

FOR OFFICE USE ONLY

DATES OF REPORTING PERIOD:

	MO.	DAY	YEAR
	4	1	21
TO	4	30	21

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	X
TERMINATION REPORT?	YES		NO	X

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 6th DAY OF May 2021

SIGNATURE

MY COMMISSION EXPIRES 10 MO. 20 DAY 2021 YR.

Commonwealth of Pennsylvania - Notary Seal
Barbara Faye Pree, Notary Public
Allegheny County
My commission expires October 20, 2021
Commission number 1322213
Member, Pennsylvania Association of Notaries

SIGNATURE OF PERSON SUBMITTING REPORT

Theresa Kail 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

Allegheny County Elections Division
601 County Office Building \ Suite 601 \ 542 Forbes Avenue
Pittsburgh, PA 15219-2953 \ Phone (412) 350-4520