

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

RECEIVED
 JUL 31 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.

FILE 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 HYOE 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		
	MEMBER OF COUNCIL			2	DEM		MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY							5	16	2017
2ND FRIDAY PRE-PRIMARY									
30 DAY POST-PRIMARY									
6TH TUESDAY PRE-ELECTION									
2ND FRIDAY PRE-ELECTION									
30 DAY POST-ELECTION									
ANNUAL REPORT									
DATES OF REPORTING PERIOD				TO		FOR OFFICE USE ONLY			
MO. DAY YEAR				MO. DAY YEAR					
7 1 2017				7 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

31ST DAY OF July 2017

Rita M. Martini
 SIGNATURE OF NOTARY PUBLIC

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

Theresa Smith
 SIGNATURE OF PERSON SUBMITTING REPORT

Theresa Smith
 PRINTED NAME

412 AREA CODE 255-8963 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

JUL 31 2017

Commonwealth of Pennsylvania - Campaign Finance Report

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

ETHICS HEARING

Filer Identification Number	80-6256513	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 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)	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
	7/1/2017	7/31/2017	
A. Amount Brought Forward From Last Report	\$	4325.25	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	4325.25	
D. Total Expenditures (From Schedule III)	\$	1,846.56	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,478.69	
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 31st day of July 2017

Signature: Rita M. Martini

Signature of Person Submitting report: Lori A. Marabell

Printed Name: Lori A. Marabell

Area Code: 412

Daytime Telephone Number: 417-5398

Signature: Rita M. Martini

Signature of Candidate: Theresa Smith

Printed Name: Theresa Smith

Area Code: 412

Daytime Telephone Number: 412-255-8963

My Commission expires Aug. 1, 2019

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 31st day of July 2017

Signature: Rita M. Martini

Signature of Candidate: Theresa Smith

Printed Name: Theresa Smith

Area Code: 412

Daytime Telephone Number: 412-255-8963

My Commission expires Aug. 1, 2019

**SCHEDULE III
Statement of Expenditures**

Employer/Contributor Number: 80-0256513

To Whom Paid	WASHINGTON HEIGHTS ATHLETIC ASSOCIATION				Date (MM/DD/YYYY)	7/1/2017	\$	300.00
House #	Street Address	City	State	Zip Code	Description of Expenditure			
	PO Box 60125	PITTSBURGH	PA	15211	TEAM SPONSOR			
To Whom Paid	TEAMSTERS LOCAL 636				Date (MM/DD/YYYY)	7/19/2017	\$	300.00
House #	Street Address	City	State	Zip Code	Description of Expenditure			
616	CHARTIERS AVE	MCKEES ROCKS	PA	15136	GOLF EVENT			
To Whom Paid	ANTONY'S ICE CREAM				Date (MM/DD/YYYY)	7/1/2017	\$	266.00
House #	Street Address	City	State	Zip Code	Description of Expenditure			
	1316 POPLAR ST	PITTSBURGH	PA	15205	CONES WITH CUPS			
To Whom Paid	DUANE WILLIAMS MEMORIAL SCHOLARSHIP FUND				Date (MM/DD/YYYY)	7/8/2017	\$	360.00
House #	Street Address	City	State	Zip Code	Description of Expenditure			
	PO Box 44128	CRAFTON	PA	15205	Scholarship Fund			
To Whom Paid	DOLLAR TREE				Date (MM/DD/YYYY)	7/8/2017	\$	46.01
House #	Street Address	City	State	Zip Code	Description of Expenditure			
2350	NOBLESTOWN RD	PITTSBURGH	PA	15205	White Lily Community Picnic			
To Whom Paid	NATALIE CARL				Date (MM/DD/YYYY)	7/8/2017	\$	200.00
House #	Street Address	City	State	Zip Code	Description of Expenditure			
					MT Wash Picnic			
To Whom Paid	Lori MARABELLO				Date (MM/DD/YYYY)	7/3/2017	\$	48.55
House #	Street Address	City	State	Zip Code	Description of Expenditure			
1409	CARRAHAN RD	PITTSBURGH	PA	15220				
To Whom Paid	REMEMBER WHEN ICE CREAM				Date (MM/DD/YYYY)	7/12/17	\$	125.00
House #	Street Address	City	State	Zip Code	Description of Expenditure			
3860	CHARTIERS AVE	PITTSBURGH	PA	15205				

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	80-0256513
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To Whom Paid		REMEMBER WHEN ICE CREAM			Date [MM/DD/YYYY]	\$	45.00
House #	3860	Street Address	CHARTIERS AVE		Description of Expenditure		
City	PITTSBURGH	State	PA	Zip Code	15204	Cones with caps	
To Whom Paid		CURT CONRAD			Date [MM/DD/YYYY]	\$	156.00
House #		Street Address			Description of Expenditure		
City	MT WASHINGTON	State	PA	Zip Code	15211	T-SHIRTS CITY SOFTBALL	
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			
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			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			