

CAMPAIGN FINANCE REPORT				
Name and Address of Filing Candidate or Committee				
Name:	<i>Hillary Smith</i>			
Address:	<i>7644 Sweetwood Dr</i>			
City, State, Zip:	<i>Macungie PA 18062</i>			
Report Filed By				
Candidate	<i>X</i>	Committee		
Type of Report	Election Date	Amended	Termination	
2015 – 30 Day Post Primary	05/19/2015			
Termination Report?				
Office Sought By Candidate	Party	County		
<i>Lehigh County Commissioner At-Large</i>		<i>Lehigh</i>		
Summary of Receipts & Expenditures				
From:	<i>05/04/2015</i>	To:	<i>06/08/2015</i>	
A. Amount Brought Forward From Last Report			<i>0.00</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>0.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>0.00</i>	
D. Total Expenditures (from Schedule III)			<i>0.00</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>0.00</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>2,912.00</i>	
G. Unpaid Debts & Obligations (from Schedule IV)			<i>0.00</i>	

*Complete reports including signatures are on file in the Office of Voter Registration.

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

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Name of Filing Committee or Candidate <u>Hillary Smith</u>	Reporting Period From <u>5/5/15</u> To <u>6/8/15</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor <u>Citizens for a Better Lehigh County</u>				5	21	2015	\$ 2,912
Mailing Address <u>840 Hamilton St Ste 321</u>				MO.	DAY	YEAR	\$
City <u>Allentown</u>		State <u>PA</u>	Zip Code (Plus 4) <u>18101 -</u>	MO.	DAY	YEAR	\$
Employer of Contributor <u>N/A</u>				Occupation			
Employer Mailing Address/Principal Place of Business <u>N/A</u>				Description of Contribution <u>Campaign night + Printed materials</u>			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 2,912