| CAMPAIGN FINANCE REPORT                                       |             |              |                      |         |            |  |  |
|---|-------------|--------------|----------------------|---------|------------|--|--|
|   | Name and Ad | ldress of Fi | ling Candidate       | or Com  | mitted     | <del>2</del>   |  |
|   |             | Hillary Smit |                      |         |            |  |  |
| Address: 7644 Swee  |             |              |                      |         |            |  |  |
| City, State, Z  | Lip:        | Macungie P   |                      |         | .,         | 6.49.49.4  |  |
|   |             | Repor        | rt Filed By          |         |            |  |  |
| Candidate   |             | X            | Committee            |         |            |  |  |
| Type of Report  |             |              | <b>Election Date</b> | Amended |            | Termination  |  |
| 2015 – 30 Day Post Primary                                    |             |              | 05/19/2015           |         |            |  |  |
|   |             |              |                      |         |            |  |  |
|   |             |              |                      |         |            |  |  |
| Termination Report?   |             |              |                      |         |            |  |  |
| Office Sought By Candidate                                    |             |              | Party                | County  | nty        |  |  |
| Lehigh County Commissioner At-Large                           |             |              |                      | Lehigh  | Lehigh     |  |  |
|   | Sumn        | nary of Rec  | eipts & Expend       | litures |            | The state of the s |  |
| From:   | 05/04/2015  |              | To:                  | 06/08/2 | 06/08/2015 |  |  |
| A. Amount Brought Forward From Last Report                    |             |              |                      |         | 0.00       |  |  |
| B. Total Monetary Contributions & Receipts (from Schedule I)  |             |              |                      |         | 0.00       |  |  |
| C. Total Funds Available (Sum of Lines A & B)                 |             |              |                      |         | 0.00       |  |  |
| D. Total Expenditures (from Schedule III)                     |             |              |                      |         | 0.00       |  |  |
| E. Ending Cash Balance (Subtract Line D from Line C)          |             |              |                      |         |            | 0.00   |  |
| F. Value of In-Kind Contributions Received (from Schedule II) |             |              |                      |         | 2,912.00   |  |  |
| G. Unpaid Debts & Obligations (from Schedule IV)              |             |              |                      |         | 0.00       |  |  |

<sup>\*</sup>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** 

| From I SI S To 68 15   | ╛                           |  |  |  |
|--|-----------------------------|--|--|--|
| Full Name of Contributor  Employer of Contributor  City  Employer of Contributor  Employer of Contributor  Employer of Contributor  City  State  Zip Code (Plus 4)  Employer of Contributor  Employer of Contributor  City  State  Zip Code (Plus 4)  Employer of Contributor  Employer Mailing Address/Principal Place of Business  City  State  Zip Code (Plus 4)  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  |                             |  |  |  |
| Agiling Address  HO Ham ton St St 321  Employer of Contributor  Employer Mailing Address/Principal Place of Business  City  Employer Mailing Address/Principal Place of Business  Employer Mailing Address/Principal Place of Business  Employer Mailing Address/Principal Place of Business  Employer of Contributor  Employer Mailing Address/Principal Place of Business  Employer of Contributor  Employer Mailing Address/Principal Place of Business  Employer of Contributor  Employer Mailing Address/Principal Place of Business  Employer Mailing Address/Principal Place of Business  Employer of Contributor  Employer Mailing Address/Principal Place of Business  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  |                             |  |  |  |
| State   Zip Code (Plus 4)   St     | 7                           |  |  |  |
| State   Zip Code (Plus 4)   Zip Co     | _                           |  |  |  |
| State Zip Code (Plus 4)  Employer of Contributor  Employer Mailing Address/Principal Place of Business  City  Employer Mailing Address/Principal Place of Business  Employer of Contributor  Employer Mailing Address/Principal Place of Business  City  State  Zip Code (Plus 4)  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer of Contributor  Employer of Contributor  Description of Contribution  Employer Mailing Address/Principal Place of Business  Employer of Contributor  Description of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  |                             |  |  |  |
| Employer of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  Address  Description of Contribution  Address  Description of Contribution  Total Place of Business  Description of Contribution  Employer of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  Full Name of Contributor  City  State  Zip Code (Plus 4)  Description of Contribution  Full Name of Contributor  Description of Contribution  State  Tip Code (Plus 4)  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Full Name of Contributor  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution   | 1                           |  |  |  |
| Employer Mailing Address/Principal Place of Business  City  State  Tip Code (Plus 4)  Employer Mailing Address/Principal Place of Business  City  State  Tip Code (Plus 4)  Employer Mailing Address/Principal Place of Business  City  State  Tip Code (Plus 4)  Employer Mailing Address/Principal Place of Business  City  State  Tip Code (Plus 4)  Employer Mailing Address/Principal Place of Business  Employer of Contributor  City  State  Tip Code (Plus 4)  Employer of Contributor  Description of Contribution  State  Tip Code (Plus 4)  Employer of Contributor  Description of Contribution  State  Tip Code (Plus 4)  Employer of Contributor  Employer of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  State  Tip Code (Plus 4)  Employer Mailing Address/Principal Place of Business  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  | -                           |  |  |  |
| Full Name of Contributor  State Zip Code (Plus 4)  Employer of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  Full Name of Contributor  State Zip Code (Plus 4)  Description of Contribution  Full Name of Contributor  State Zip Code (Plus 4)  Description of Contribution  ### Address    Modified Address   |                             |  |  |  |
| Mailing Address  State Zip Code (Plus 4) MOZE DAYE YEAR \$  Employer of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  Full Name of Contributor  State Zip Code (Plus 4) MOZE DAYE YEAR \$  Employer Mailing Address State Zip Code (Plus 4) MOZE DAYE YEAR \$  Employer of Contributor  State Zip Code (Plus 4) MOZE DAYE YEAR \$  Employer of Contributor  Description of Contribution  Full Name of Contributor  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Full Name of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  State St | ٦.                          |  |  |  |
| Mailing Address  State Zip Code (Plus 4) MOZE DAYE YEAR \$  Employer of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  Full Name of Contributor  State Zip Code (Plus 4) MOZE DAYE YEAR \$  Employer Mailing Address State Zip Code (Plus 4) MOZE DAYE YEAR \$  Employer of Contributor  State Zip Code (Plus 4) MOZE DAYE YEAR \$  Employer of Contributor  Description of Contribution  Full Name of Contributor  Description of Contribution  Employer Mailing Address/Principal Place of Business  Description of Contribution  Full Name of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  State St | offeric                     |  |  |  |
| Mailing Address  State Zip Code (Plus 4)   | 7                           |  |  |  |
| City  State Zip Code (Plus 4)  Employer of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  Full Name of Contributor  MO. DAY: YEAR:  \$  City  State Zip Code (Plus 4)  MO. DAY: YEAR:  \$  City  State Zip Code (Plus 4)  Cocupation  Employer of Contributor  Description of Contribution  Full Name of Contributor  City  State Zip Code (Plus 4)  Description of Contribution  Full Name of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  Full Name of Contributor  MO. DAY: YEAR:  \$  Mailing Address  Mailing Address   | -[                          |  |  |  |
| Employer of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  Full Name of Contributor  State Zip Code (Plus 4) MO. DAY YEAR \$  Employer of Contributor  Employer of Contributor  City State Zip Code (Plus 4) MO. DAY YEAR \$  Employer of Contributor  Description of Contribution  Full Name of Contributor  Full Name of Contributor  MO. DAY YEAR \$  SMOOTH DAY YEAR \$  Mailing Address/Principal Place of Business  Mailing Address   | I                           |  |  |  |
| Employer of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  Full Name of Contributor  MO. DAY: YEAR:  \$  Mailing Address  City  State  Zip Code (Plus 4)  —  Employer of Contributor  Cocupation  Description of Contribution  Full Name of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  Full Name of Contributor  MO. DAY: YEAR:  \$  Moiling Address   | 1                           |  |  |  |
| Employer Mailing Address/Principal Place of Business  Description of Contribution  MO. DAY YEAR \$  Mailing Address  State Zip Code (Plus 4) MO. DAY YEAR \$  City State Zip Code (Plus 4) MO. DAY YEAR \$  Employer of Contributor  Cocupation  Employer Mailing Address/Principal Place of Business  Description of Contribution  Full Name of Contributor  MO. DAY YEAR \$   | 4                           |  |  |  |
| Full Name of Contributor    MO.   DAY   YEAR   \$  |                             |  |  |  |
| Mailing Address  State Zip Code (Plus 4)  Employer of Contributor  City Occupation  Cocupation  Description of Contribution  Full Name of Contributor  MO. JOAY YEAR \$  MO. DAY YEAR \$  \$  | -                           |  |  |  |
| Mailing Address  State Zip Code (Plus 4)  Employer of Contributor  City Occupation  Cocupation  Description of Contribution  Full Name of Contributor  MO. JOAY YEAR \$  MO. DAY YEAR \$  \$  | 1                           |  |  |  |
| Mailing Address  State Zip Code (Plus 4)  Employer of Contributor  City  Occupation  Description of Contribution  Full Name of Contributor  MODE DAY: YEAR: \$   | 7                           |  |  |  |
| State Zip Code (Plus 4)  Employer of Contributor  City  Occupation  Description of Contribution  Full Name of Contributor  MO DAY: YEAR:  \$  Mailing Address  |                             |  |  |  |
| City  State  Zip Code (Plus 4)  —  Occupation  Employer of Contributor  Description of Contribution  Full Name of Contributor  MO: DAY: YEAR:  \$  Mailing Address  State  Zip Code (Plus 4)  —  Occupation  Description of Contribution  \$  MO: DAY: YEAR:  \$  Mailing Address  |                             |  |  |  |
| Employer of Contributor  Employer Mailing Address/Principal Place of Business  Description of Contribution  Full Name of Contributor  MOUTE DAY: YEAR:  \$ Mailing Address   |                             |  |  |  |
| Employer Mailing Address/Principal Place of Business  Description of Contribution  Full Name of Contributor  Mailing Address  SMOON FORM   |                             |  |  |  |
| Full Name of Contributor  SMOOTH DAY: TYEAR:  Mailing Address  SMOOTH DAY: TYEAR:  SMOOTH DAY: TYEAR:  THE PROPERTY OF THE PRO     | -                           |  |  |  |
| Full Name of Contributor  SMOOTH DAY: TYEAR:  Mailing Address  SMOOTH DAY: TYEAR:  SMOOTH DAY: TYEAR:  THE PROPERTY OF THE PRO     |                             |  |  |  |
| Mailing Address SMOWE SPRANGE STEELS      |                             |  |  |  |
| Mailing Address SMOWE SPRANGE STEELS      | _                           |  |  |  |
| Mailing Address  |                             |  |  |  |
|  | -                           |  |  |  |
|  |                             |  |  |  |
| City State Zip Code (Plus 4) *** *** *** *** *** *** *** *** ***   |                             |  |  |  |
| Employer of Contributes  |                             |  |  |  |
| Employer of Contributor Occupation   |                             |  |  |  |
| Employer Mailing Address/Principal Place of Business Description of Contribution   | _                           |  |  |  |
| Description of Contribution  |                             |  |  |  |
| Full Name of Contributor   | -1                          |  |  |  |
| \$   |                             |  |  |  |
| Mailing Address SMOSE EDAYE SYEARS   |                             |  |  |  |
| City   State   Zip Code (Plus 4)   SEMONT RESPANSE PAYER PAYER RESPANSE PAYER RESPANSE PAYER RESPANSE PAYER RESPANSE PAYER RESPANSE PAYER      |                             |  |  |  |
| State Zip Code (Plus 4) State Sip Code (Plus 4)      |                             |  |  |  |
| Employer of Contributor Occupation   | -                           |  |  |  |
| ·  |                             |  |  |  |
| Employer Mailing Address/Principal Place of Business Description of Contribution   | Description of Contribution |  |  |  |
|  | •                           |  |  |  |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed   | _                           |  |  |  |
| Summary Page, Section 3. \$7 9\7   | -                           |  |  |  |

DSEB-502 (7-99)