



Filing ID #10032296

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • 135 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Stefanie Smith
Status: Congressional Candidate
State/District: IL13

FILING INFORMATION

Filing Type: Candidate Report
Filing Year: 2019
Filing Date: 01/12/2020

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
fidelity freedom index 2055 fund [MF]	SP	\$15,001 - \$50,000	Tax-Deferred		

* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
University of Illinois at Urbana Champaign	Spouse Salary	\$62,234.00	\$52,609.00
T & D Urbana LLC	employment	\$424.00	\$7,927.00
Cunningham Township Urbana Illinois	internship	\$1,638.75	N/A

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
SP	Bank of America	Since Feb 2018	Credit Card	\$15,001 - \$50,000
SP	US Department of Education	Since 1998	Student Loans for Undergrad and Grad School	\$100,001 - \$250,000

Owner	Creditor	Date Incurred	Type	Amount of Liability
SP	US Department of Education	June 2011	Student Loans for Undergrad and Grad School	\$10,000 - \$15,000
SP	NAVIENT PRIVATE LOAN TRUST	Sept 2008	Student Loans	\$10,000 - \$15,000
	US Department of Education	Aug 2008	Student Loans	\$15,001 - \$50,000
	Carle Foundation Hospitals	December 2015	Medical Debt	\$15,001 - \$50,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

Trusts: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Stefanie Smith , 01/12/2020