Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	iler Identification 2018C0928								IDATE	√	C	OMMITTE		LOB	BYIST		
	Committee, Candid	ate or L	obbyist:		Filed BOW		-	L THLEEN	E	<u> </u>							
Street Address:																	
City:								State:				Zip Code: 19038					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE	- 2.		30 DA PRIMA		POST-	3.		AMENDM REPORT?	AMENDMENT REPORT?		N	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5.		30 DA ELECT		POST-	6.		TERMINA REPORT?	Yes	N	0	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2018					IG METH CHECK (PAPER		\checkmark	DISK	ЕТТЕ	
Name of Office	L Sought by Candida	te:						DATE	OF ELE	CTI	ON	District Number	Office Code	Par	ty Code	e Cour Code	
REPRESENTAT	IVE IN THE GENER		EMBI Y					мо	DAY	٢	(EAR	154	STH	REP		46	
								1	1	6	2018		(SEE INS	TRUCTI	ONS FOR	CODES	;)
Summary of Receipts and MO DAY YEAR								мо	DAY	١	/EAR	FO	R OFFIC	E USE	ONLY		
Expenditures from: 1 2 2018							0		3	26	2018						
A. Amount Bro	ought Forward From	n Last R	eport				\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule 1	[)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				0.00						
D. Total Expen	ditures (From Sch	edule II	1)				\$				0.00						
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)			\$				0.00]					
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)			\$				0.00						
				AFF	IDA	٧I	T SE	CTION									
PART I - If this i	s a Committee rep	ort, trea	surer sign	here.	If this	s is	a Car	ndidate ı	eport,	cand	lidate si	gn here.					
I swear (or affirm correct and compl) that this report, incl lete.	uding the	e attached sc	hedule	s filed	on	paper	or by elec	tronic m	ediu	m, are to	the best of	my know	vledge	and bel	ief , tr	ue
Sworn to and subs	scribed before me this day of	5	20								Signatur	e of Person	Submitt	ing Rep	oort		-
	Signatu	re					-					Print	ed Name				-
My Commission E	-											Emai	1				-
	мо	D	AY	YR			_		A	ea Co	ode	Daytime	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Com	nittee	, C	andid	ate shal	l sign h	ere.							
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ief this	s politic	cal	comm	ittee has	not viola	ited a	iny provis	ions of the	act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subse	cribed before me this day of		20								S	ignature o	f Candida	ite			-
							-					Printe	d Name				-
My Commission Ex	Signature						-					Emai	1				_
												-					_
	МО	D	AY	YR	Ł				Area	Code	2	Da	ytime Te	elephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** BOWERS, KATHLEEN E From: <u>1/2/2018</u> **To:** 3/26/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				porting	Period			
				om:		:		
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

\$

0.00

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)								
Name of Filing Committee or Candidat	e		Rep Fror	orting P	eriod	Τα):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	0.00

PART C Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Can	didate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting I	Period	
	From:		То:
		DATE	AMOUNT

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

PART E **OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refunds received, interest earned, returned checks and

prior expenditures that were returned to the filer.

Name of Filing Committee or C	andidate		Report	ting Perio	bd				
			From:			То:	:		
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address	Mailing Address						\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	Section				\$		0.00

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
BOWERS, KATHLEEN E	From:	<u>1/2/2018</u> To:	<u>3/26/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period				
	F					То:		
				DATE		АМС	DUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.				mary Pag	je,	PAGE	TOTAL	
					4	5	0.00	

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

Name of Filing Committee or Candidate				Re	porting P	eriod				
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion		•	
Employer Mailing Address/Principal Place of City State Business				State		Zip Code(Plus 4) Description			ption of	f Contribution

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
	From			То:			
		AMOUNT					
To Whom Paid	To Whom Paid				YEAR		
Mailing Address						\$	0.00
City	City State Zip Code (Plus 4)			otion of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
	on Page 1, Report C	over Page, Item L				\$	0.00