Campaign Finance Report

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

Filer Identificati Number :	on 201	.80199				Repo			CAI	NDII	DATE		COMN	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyi	st:	·	BOW	ERS	5, KA	THY F	OR	PA		<u> </u>		·				
Street Address:	415 PAXSON	N AVE																	
City:	GLENSIDE								State	e:	PA			Zip Cod	le: 19	038			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND PRIM	FRIDAY IARY	/ PRE-	2.		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		FRIDAY	/ PRE-	- 5.		30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	O	\
report type)	ANNUAL REPOR	T 7.	Year	2018					NG ME					PAPER		√	DISK	ETTE	
Name of Office S	ought by Candid	ate:				-			DAT	E O	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	Cour	
DEDDECENTATI	VE IN THE CENT	EDAL ACC	EMDI	V					МО		DAY	Y	EAR	154	STH	REF	1	46	
REPRESENTATIVE IN THE GENERAL ASSEMBLY										11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		МО	DA	AY	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	trom:		3	27	20	018	T	0		4		30	2018						
A. Amount Bro	ught Forward Fro	om Last R	Report	:				\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts	(From	Sched	dule 1	I)	\$				1,	504.90						
C. Total Funds	Available (Sum (Of Lines A	and I	В)				\$				1,	504.90						
D. Total Expend	ditures (From Sc	hedule II	(I)					\$					333.34						
E. Ending Cash	Balance (Subtra	ct Line D	From	Line C	E)			\$				1,:	171.56						
F. Value Of In-	Kind Contributio	ns Receiv	ed (F	rom Sc	hedul	e II)		\$				-	700.00						
G. Unpaid Debt	s And Obligation	s (From	Sched	ule IV)			\$					0.00						
					AFF:	IDA	VΙ	ΓSE	CTIC	N									
PART I - If this is				_							-		_						
I swear (or affirm) correct and comple		cluding th	e attac	hed sch	iedules	filed	on I	oaper	or by e	lectr	onic m	ediun	ı, are to t	he best o	f my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before me th day of	nis	20							•		:	Signature	of Perso	1 Submitt	ing Re _l	ort		
	Signa	ture	_					-						Prin	ted Name				_
My Commission Ex	pires							_		•				Emai	I				
	МО	D	AY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		$\underline{}$
Part II- If this is	a report of a ca	ndidate's	autho	orized	Comm	ittee	, Ca	andid	ate sh	all s	sign h	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge a	nd belie	ef this	politio	cal	comm	ittee h	as no	ot viola	ted a	ny provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me thi day of	s	20										Si	ignature o	f Candida	ite			_
			_ 20 _					-						Printe	d Name				-
	Signature	e						-		-									_
My Commission Exp	ires													Emai	II.				
	мо	D	AY		YR						Area	Code		Da	ytime Te	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -						
Name of Filing Committee or Candidate	Reporting	g Period				
BOWERS, KATHY FOR PA	From:	<u>3/27/201</u>	<u>8</u> To:	4/30/2018		
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor						
TOTAL for the Reporting	g Period	(1)	\$	0.00		
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)						
Contributions Received From Political Committees (Part A)			\$	7.69		
All Other Contributions (Part B)			\$	0.00		
TOTAL for the Reporting Period (2) \$ 7.69						
3. Contributions Received Over \$250.00 (From Part C and Part D)						
Contributions Received From Political Committees (Part C)			\$	1,497.21		
All Other Contributions (Part D)			\$	0.00		
TOTAL for the Reporting	J Period	(3)	\$	1,497.21		
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)						
TOTAL for the Reporting	g Period	(4)	\$	0.00		
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,504.90		

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	Reporting	Period		
BOWERS, KATHY FOR PA	From:	3/27/2018	То:	4/30/2018
		DATE		AMOUNT

Full Name of Contributing Committee WILLIAMS, JAMES FOR PA	МО	DAY	YEAR			
Mailing Address 7842 FAYETTE ST				\$ 7.69		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19150	4	18	2018	

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

PAGE TOTAL \$ 7.69

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 of Candidate			Rep Fro	oorting P	eriod	To	o:	
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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

PAGE TOTAL \$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 Candidate	Reporting Pe	eriod		
BOWERS, KATHY FOR PA	From:	3/27/2018	То:	4/30/2018

DATE AMOUNT

Full Name of Contributing Committee ESTILOW, THOMAS G VOTE FOR	МО	DAY	YEAR			
Mailing Address 93 OLD YORK ROAD,	_			\$ 1,497.21		
City JENKINTOWN	State PA	Zip Code (Plus 4) 19046	3	28	2018	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL 1,497.21

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.)

	lame of Filing Committee or Candidate			Reporting Period						
From:				n:		To):			
				D.	ATE		A	MOUNT		
				мо	DAY	YEAR				
							\$	0.00		
State	Zi	p Code (Plus	s 4)							
·	·			Occupa	tion					
al Place of		City			State		Zip Cod	le (Plus 4)		
Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.				PAGE TOTAL 0.00		
	al Place of	al Place of	al Place of City	State Zip Code (Plus 4) al Place of City	MO State Zip Code (Plus 4) Occupation	State Zip Code (Plus 4) Occupation Oliver State	State Zip Code (Plus 4) Occupation Olympia Place of City State Schedule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4) Occupation Olivy State Zip Code Occupation State Zip Code		

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	Candidate		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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 Perio	d	
BOWERS, KATHY FOR PA	From:	3/27/2018 To :	4/30/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	700.00
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,		\$	700.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate Re						
			From:			То:	
				DATE			AMOUNT
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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Rep	porting	Period			
BOWERS, KATHY FOR PA	BOWERS, KATHY FOR PA						From: <u>3/27/201</u>			4/30/2018
							DATE			AMOUNT
Full Name of Contributor HRCC SPECIAL ELECTION						мо	DAY	YEAR		
Mailing Address P O BOX 11787							27	2010	\$	700.00
City HARRISBURG	State PA	Zip Code(Plus 4) 171080000				4	27	2018		
Employer of Contributor N/A						Occupation N/A				
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
N/A PA						17	108	CONTR SERVI		ON- DATA
Enter Grand Total of Part G on Sch	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detail					ed				PAGE TOTAL
Summary Page, Section 3.								700.00		

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
BOWERS, KATHY FOR PA			From	<u>3/2</u>	7/2018	То:	4/30/2018
			DATE				AMOUNT
To Whom Paid ATRO			мо	DAY	YEAR		
Mailing Address P.O. Box 615			4	14	2018	\$	230.00
City Abington	State PA	Zip Code (Plus 4) 19001	Description of Expenditure GENERAL EXPENSE- DONATION				
To Whom Paid ATRO			МО	DAY	YEAR		
Mailing Address P.O. Box 615			4	18	2018	\$	60.00
City Abington	State PA	Zip Code (Plus 4) 19001	Description of Expenditure GENERAL EXPENSE- DONATION				
To Whom Paid NameTagCountry.Com			МО	DAY	YEAR		
Mailing Address P.O. Box 15068			4	16	2018	\$	33.35
City Chattanooga	State TN	Zip Code (Plus 4) 37415	Description of Expenditure Advertising Expense- Name Badges				
To Whom Paid CITIZENS BANK			МО	DAY	YEAR		
Mailing Address 139 S. Easton Road			4	24	2018	\$	9.99
City Glenside	State PA	Zip Code (Plus 4) 19038	Description of Expenditure GENERAL EXPENSE- PAYMENT CHECKS				
							PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

333.34