

Campaign Finance Report

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

Filer Identification Number : 20180267		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: GLOVER, PAUL FOR GOVERNOR								
Street Address: 5031 CATHERINE ST								
City: PHILADELPHIA				State: PA		Zip Code: 19143		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2018	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code
GOVERNOR				MO	DAY	YEAR	-1	GOV
				11	6	2018		GRN
							51	
							(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		FOR OFFICE USE ONLY	
		9	18	2018	10		2018	
A. Amount Brought Forward From Last Report				\$		264.16		
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		557.60		
C. Total Funds Available (Sum Of Lines A and B)				\$		821.76		
D. Total Expenditures (From Schedule III)				\$		68.74		
E. Ending Cash Balance (Subtract Line D From Line C)				\$		753.02		
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00		
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00		

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
GLOVER, PAUL FOR GOVENOR	From: <u>9/18/2018</u> To: <u>10/22/2018</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting 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)	\$ 0.00
All Other Contributions (Part B)	\$ 143.97
TOTAL for the Reporting Period (2)	\$ 143.97

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 413.63
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 413.63

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 557.60
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	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 Candidate GLOVER, PAUL FOR GOVENOR	Reporting Period From: <u>9/18/2018</u> To: <u>10/22/2018</u>
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DATE	AMOUNT
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Full Name of Contributor				MO	DAY	YEAR	\$ 23.97
Paul Glover							
Mailing Address				9	20	2018	
608 S Mt Pleasant Rd							
City	Philadelphia	State	PA	Zip Code (Plus 4)	19119		

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Thomas Bradburn							
Mailing Address 1052 Evergreen Dr				10	2	2018	
City Lake Ariel	State PA	Zip Code (Plus 4) 18436					

Full Name of Contributor				MO	DAY	YEAR	\$ 20.00
Tina Rocket							
Mailing Address				10	11	2018	
2404 Griggs Ct							
City	Virginia Beach	State	VA	Zip Code (Plus 4)	23453		

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

PAGE TOTAL
\$ 143.97

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 Period
GLOVER, PAUL FOR GOVENOR	From: <u>9/18/2018</u> To: <u>10/22/2018</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	413.63
GREEN PARTY OF PHILA								
Mailing Address								
P O BOX 41827				9	23	2018		
City	PHILADELPHIA	State	PA					

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

PAGE TOTAL
\$ 413.63

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 Period
	From: To:

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

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 Candidate	Reporting Period
	From: To:

			DATE		AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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	
GLOVER, PAUL FOR GOVERNOR		From: <u>9/18/2018</u> To: <u>10/22/2018</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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 From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
GLOVER, PAUL FOR GOVENOR	From <u>9/18/2018</u> To: <u>10/22/2018</u>

DATE				AMOUNT		
To Whom Paid USPS Elizabethtown			MO	DAY	YEAR	\$ 6.70
Mailing Address 137 S Market St			9	21	2018	
City Elizabethtown	State PA	Zip Code (Plus 4) 17022	Description of Expenditure Shipping			
To Whom Paid Donnie G Boyer & Co.			MO	DAY	YEAR	\$ 5.00
Mailing Address 112 S Market St			9	21	2018	
City Elizabethtown	State PA	Zip Code (Plus 4) 17022	Description of Expenditure Notary			
To Whom Paid Paul Glover			MO	DAY	YEAR	\$ 57.04
Mailing Address 608 S Mt Pleasant Rd			10	17	2018	
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Description of Expenditure Printing, travel, communications reimbursment			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 68.74

