# **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 :	ion 2018	0267			Repo Filed		CAN	DII	DATE	СОМ	MITTEE	✓	LOB	BYIST		
	Committee, Candid	ate or Lol	bbyist:			-	UL FOR	G	 OVENOR							
Street Address:	5031 CATHER	RINE ST														
City:	PHILADELPHI	A					State: PA Zip Code:					<b>de:</b> 19	<b>e:</b> 19143			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		Ρ	POST- 3			AMENDMENT REPORT?		No	<ul> <li>✓</li> </ul>	
(place X to the right of	6TH TUESDAY PRE-ELECTION	DN ELECTION E										TERMINATION Yes Vo				
report type)	ANNUAL REPORT	7.	<b>Year</b> 2018				NG MET CHECK				PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	L Sought by Candida	te:					DATE	0	F ELECT	ION	District Number		Par	ty Code	County Code	
COVERNOR							мо		DAY	YEAR	-1	GOV	GRI	N	51	
GOVERNOR							1	11	6	2018		(SEE INS	STRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	2		мо		DAY	YEAR	FC	DR OFFIC	E USE	ONLY		
Expenditures	s from:	10	0 23	2	018	то	:	11	26	2018						
A. Amount Bro	ught Forward Froi	n Last Re	port			\$	;			753.02						
B. Total Monet	ary Contributions	And Rece	ipts (From	Sche	dule I)	4	5			23.97						
C. Total Funds	Available (Sum Of	f Lines A a	and B)			\$	5			776.99						
D. Total Expen	ditures (From Sch	edule III)	)			\$	5			776.99						
E. Ending Cash	Balance (Subtrac	t Line D F	rom Line	C)			5			0.00	4					
F. Value Of In-	Kind Contribution	s Receive	d (From S	chedu	le II)	4	5			0.00	4					
G. Unpaid Deb	ts And Obligations	(From Sc	chedule IV	)		4	5			0.00		·				
				AFF	IDAV	IT SE	CTIO	Ν								
	s a Committee rep		_								-					
I swear (or affirm correct and compl	) that this report, inc ete.	luding the a	attached sc	hedules	s filed o	n paper	or by ele	ectr	ronic medi	um, are to	the best c	of my knov	vledge	and beli	ef , true	
Sworn to and subs	cribed before me this day of		20							Signatur	e of Perso	n Submitt	ing Rej	port		
	Signatu	re				_					Prir	ited Name				
My Commission E	xpires					_		-			Ema	il				
	МО	DAY	Y	YR					Area	Code	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's a	uthorized	Comn	nittee,	Candio	late sha	all s	sign here	e.						
I swear (or affirm) No 320) as amende	) that to the best of r ed.	ny knowled	lge and beli	ef this	politica	l comn	nittee has	s no	ot violated	l any provis	sions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subso	ribed before me this day of		20							9	Signature	of Candida	ite			
						_					Printe	ed Name				
My Commission Exp	Signature							-			Ema	nil				
, commission Exp						_					-					
	МО	DA	Y	YR					Area Co	de	D	aytime Te	elephor	ne Numb	er	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** GLOVER, PAUL FOR GOVENOR From: <u>10/23/2018</u> **To:** 11/26/2018 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)** 23.97 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 23.97 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 \$ 23.97 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

# 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			Repo	orting I				
			From	n:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee			1	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

\$

Use this Part to ite	¢ emize all 0.01 to \$	50.01 other 5250.0	00 in the repo	s wi ortin	ith an Ig peri	aggro iod.	-			rom
Name of Filing Committee or Candida	te			Rep	orting Pe	eriod				
GLOVER, PAUL FOR GOVENOR					n:	<u>10/2</u>	23/2	2 <u>018</u> To	:	<u>11/26/2018</u>
						DATE				AMOUNT
Full Name of Contributor Paul Glover					мо	DAY		YEAR		
Mailing Address 608 S Mt. Pleasant	Rd								\$	23.97
City Philadelphia	State		Zip Code (Plus 4)		11		7	2018		
	PA		19119							
										PAGE TOTAL
Enter Grand Total of Part A on	Schedule I,	Detail	ed Summary Pag	e, Se	ection 2				\$	23.97

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

5/3/2024 7:00:42 PM

# 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 Cand	lame of Filing Committee or Candidate			J Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	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 Period	
	From:	То:

				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 Candidate	2		Report	ing Perio	od				
			From:			То:			
				D	ATE			AMOUNT	ſ
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	·					•	•		
Enter Grand Total of Part E on Sched	ule T. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
			20000				\$		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	
GLOVER, PAUL FOR GOVENOR	From:	<u>10/23/2018</u> <b>To:</b>	<u>11/26/2018</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	ſF)		
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	Name of Filing Committee or Candidate Ro			g Period			
Fr						То:	
				DATE		АМО	UNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate				Rej	porting P	eriod				
						From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(	Plus 4)						
Employer of Contributor						Occupat	tion		-	
Employer Mailing Address/Principal Place of City State Business				State		Zip 4)	Code(Plus	Descri	ption of	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 Candio	late		Reportin	ng Period					
GLOVER, PAUL FOR GOVENOR			From	<u>10/23</u>	<u>3/2018</u>	То:	<u>11/26/2018</u>		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
Donnie G Boyer									
Mailing Address 112 S Market St	t		10 27 2018 <b>\$</b> 5.00						
City Elizabethtown	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure				
	PA	17022	Notary						
To Whom Paid USPS			мо	DAY	YEAR				
Mailing Address 137 S Market St	t.		10	27	2018	\$	6.70		
City Elizabethtown	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure				
PA 17022			Postage	e					
<b>To Whom Paid</b> Paul Glover			мо	DAY	YEAR				
Mailing Address 608 S Mt, Please	ant Rd,		11	18	2018	\$	118.08		
City Philadelphia	<b>State</b> PA	Zip Code (Plus 4) 17022		<b>ition of Exp</b> ign materia			у		
<b>To Whom Paid</b> Jenny Isaacs	<b>I</b>		мо	DAY	YEAR				
Mailing Address 91 West Ashland	d Street		11	18	2018	\$	628.72		
City Doyelstown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18901	<b>Descrip</b> Printing	tion of Exp	oenditure	1			
To Whom Paid Timothy Runkle			мо	DAY	YEAR				
Mailing Address 211 N Poplar St	reet		11	26	2018	\$	18.49		
City Elizabethtown	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure	•			
PA 17022			Notary,	postage					
							PAGE TOTAL		
Enter Grand Total of Expenditur	es on Page 1, Re	eport Cover Page, Item I	υ.			\$	776.99		