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 2011	0285			Report Filed B		CANDI	DATE	COM	IMITTEE	✓	LOB	BYIST	
Name of Filing C	Committee, Candida	ate or Lo	bbyist:	(GODSH	ALL,	ROBERT F	RIENDS	S OF					
Street Address:	29A FRETZ ST	г,ро вох	X 53											
City:	HATFIELD						State:	PA		Zip Co	de: 19	440-0	053	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 D PRIM		POST-	3.	AMENDI REPORT		Yes	V No)
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	- 5.	30 D. ELEC	AY F TION	POST- 6	5.		TERMINATION REPORT?		No	· 🗸
report type)	ANNUAL REPORT	7. X	Year 2018				NG METHO CHECK O			PAPER		\checkmark	DISK	TTE
Name of Office S	Gought by Candidat	te:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
							мо	DAY	YEAR					
							11	(5 201	3	(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	D DAY YEAR FOR OFFICE USE ONL					ONLY	
Expenditures	from:	1	.1 27	20	018 T	0	12	3	1 201	8				
A. Amount Bro	ught Forward Fron	n Last Re	eport			\$			26,854.82	2				
B. Total Monetary Contributions And Receipts (From Schedule I)						\$	5		0.00)				
C. Total Funds Available (Sum Of Lines A and B)					\$	5		26,854.82	2					
D. Total Expen	ditures (From Sche	edule III	:)			\$	5		9,177.51					
E. Ending Cash	Balance (Subtract	t Line D I	From Line	C)		4	5		17,677.31					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedul	e II)	\$	5		0.00)				
G. Unpaid Debt	ts And Obligations	(From S	chedule IV	()		\$	5		0.00)				
				AFF	IDAVI	t se	CTION							
PART I - If this is	s a Committee repo	ort, treas	surer sign	here. I	f this is	a Ca	ndidate re	eport, ca	ndidate s	ign here.				
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sc	hedules	filed on	paper	or by elect	ronic mee	dium, are to	the best o	of my knov	vledge	and bel	ef , true
Sworn to and subs	cribed before me this day of	;	20						Signatu	re of Perso	on Submitt	ing Rep	oort	
	Signatu	re	·			-				Prir	nted Name			
My Commission Ex	-	-								Ema	ail			
	мо	DA	Y	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's a	authorized	Comm	ittee, C	andic	late shall	sign hei	re.					
I swear (or affirm) No 320) as amende	that to the best of med.	ıy knowle	dge and beli	ef this	political	comn	nittee has n	ot violate	ed any prov	sions of th	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subso	ribed before me this day of		20							Signature	of Candida	ite		
						-				Print	ed Name			
My Commission Exp	Signature					-				Ema	ail			
						-								
	мо	DA	Y	YR				Area C	ode	D	aytime Te	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** GODSHALL, ROBERT FRIENDS OF From: <u>11/27/2018</u> **To:** 12/31/2018 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 Candidat	Name of Filing Committee or Candidate			Reporting Period				
			From	1: To:				
DATE								AMOUNT
Full Name of Contributing Committee			I	мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	•)					
								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 Candidate				Reporting Period					
				From: To:					
					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 Schedule I, Detailed Summary Page, Section 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 Candidate			Reporting Period							
				То:						
DATE					TE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							- \$	0.00		
City	State	Zip Cod	e (Plus 4)							
					PAGE TOTAL					
Enter Grand Total of Part C on Sched	age, Sectio	on 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.)

ame of Filing Committee or Candidate			Reporting Period					
		Fror	n:	То:				
			D	DATE AMOUNT				
			мо	DAY	YEAR	\$	0.00	
State	Zip Code (Plu	s 4)						
•			Occupation					
ce of Business	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3							GE TOTAL 0.00	
	State ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: DA DA From: DA MO State Zip Code (Plus 4) Coccupat ce of Business City	From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State	From: To DATE MO DAY YEAR State Zip Code (Plus 4) Image: Comparison of the second	From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code	

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			Report	Reporting Period						
			From:	: То:						
		DATE					AMOUNT			
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·	•					•			
		_						PAGE TO	TAL	
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumr	nary Page,	Section	4.			\$		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								
GODSHALL, ROBERT FRIENDS OF	From:	<u>11/27/2018</u> то:	<u>12/31/2018</u>							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR										
TOTAL for the Reporting Pe	riod (1)	\$	0.00							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Cano	Name of Filing Committee or Candidate			Reporting Period					
				From:					
		DATE AMOUN			AMOUNT				
Full Name of Contributor				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 Detailed Summary Page, PAGE Section 2.									
						\$	0.00		

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

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate			Reporting Period					
			Fro	m:					
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor		•		Occupa	ation		•		
Employer Mailing Address/Principal Plac	Employer Mailing Address/Principal Place of Business Ci		State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			ng Period					
GODSHALL, ROBERT FRIENDS OF			From	<u>11/2</u>	7/2018	То:	<u>12/31/2018</u>		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
PHILLIES									
Mailing Address 1 CITIZENS WAY			12	1	2018	\$	300.00		
City PHILA	State	Zip Code (Plus 4)	Description of Expenditure						
	PA 19148				VISIT				
To Whom Paid NORTH PENN GOOD WILL SERVICE			мо	DAY	YEAR				
Mailing Address 120 CHURCH ST.			12	15	2018	\$	25.00		
City SOUDERTON State Zip Code (Plus 4)			Descrip	tion of Exp	enditure				
	PA		DONAT	ION .					
To Whom Paid MONTGOMERY COUNTY FOP			мо	DAY	YEAR				
Mailing Address 3145 PENNYPACK R	DAD		12	15	2018	\$	26.00		
City HATBORO	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1			
	РА	19040	DONAT	ION .					
To Whom Paid INDIAN VALLEY COUNTRY CLUB			мо	DAY	YEAR				
Mailing Address 650 BERGEY ROAD			12	15	2018	\$	8,826.51		
City TELFORD	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	18969	RETIRE	MENT EVE	NT				
· · ·							PAGE TOTAL		
Enter Grand Total of Expenditures o	on Page 1, Report C	over Page, Item D).			\$	9,177.51		