

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Courtney Gilmore							
Street Address		107 Morningside Dr							
City	Mount Bethel	State	PA	Zip Code	18343				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/04	Year	2025	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/20/25	11/24/2025	
A. Amount Brought Forward From Last Report	\$	1747.41	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1050.00	
C. Total Funds Available (Sum of Lines A and B)	\$	2797.41	
D. Total Expenditures (From Schedule III)	\$	2747.35	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	50.06	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

5th day of December 20 25
 Signature: Courtney Gilmore

Signature of Person Submitting report
 Courtney Gilmore
 Printed Name

My Commission expires _____ MO. DAY YR.

Area Code: 72 Daytime Telephone Number: 533 9538

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

Signature of Candidate

 Printed Name

My Commission expires _____ MO. DAY YR.

Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	30
All Other Contributions (Part B)		\$	220
Total for the reporting period	(2)	\$	250
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	—
All Other Contributions (Part D)		\$	800
Total for the reporting period	(3)	\$	800
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	—
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	1050 ⁰⁰

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.

Filer Identification Number								Amount
Full Name of Contributing Committee						Northampton County Council of Democratic Women		\$ 50
						Date [MM/DD/YYYY]		
						10/21/2025		
House #	Street Address					Date [MM/DD/YYYY]		\$
City	State		Zip Code		Date [MM/DD/YYYY]			\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$
House #	Street Address					Date [MM/DD/YYYY]		\$
City	State		Zip Code		Date [MM/DD/YYYY]			\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$
House #	Street Address					Date [MM/DD/YYYY]		\$
City	State		Zip Code		Date [MM/DD/YYYY]			\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$
House #	Street Address					Date [MM/DD/YYYY]		\$
City	State		Zip Code		Date [MM/DD/YYYY]			\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$
House #	Street Address					Date [MM/DD/YYYY]		\$
City	State		Zip Code		Date [MM/DD/YYYY]			\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$
House #	Street Address					Date [MM/DD/YYYY]		\$
City	State		Zip Code		Date [MM/DD/YYYY]			\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

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

Filer Identification Number:	
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Full Name of Contributor	Wanda Cole				Date [MM/DD/YYYY]	\$	200 ⁰⁰
House #	6	Street Address	Riverton Rd		Date [MM/DD/YYYY]	\$	
City	Mount Bethel	State	PA	Zip Code	18343	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

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 over \$250.00 in the reporting period.

Filer Identification Number:	
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Full Name of Contributing Committee	Howard Klein	Date [MM/DD/YYYY]	\$	500	
House #	801	Street Address	Riverton Rd	Date [MM/DD/YYYY]	\$
City	Bangor	State	PA	Zip Code	18013
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$		
House #		Street Address		Date [MM/DD/YYYY]	\$
City		State		Zip Code	
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$		
House #		Street Address		Date [MM/DD/YYYY]	\$
City		State		Zip Code	
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$		
House #		Street Address		Date [MM/DD/YYYY]	\$
City		State		Zip Code	
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$		
House #		Street Address		Date [MM/DD/YYYY]	\$
City		State		Zip Code	
Full Name of Contributing Committee		Date [MM/DD/YYYY]	\$		
House #		Street Address		Date [MM/DD/YYYY]	\$
City		State		Zip Code	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number: _____

Full Name of Contributor					Date [MM/DD/YYYY]	\$
Howard Klein					10/27/25	500 ⁰⁰
House #	Street Address				Date [MM/DD/YYYY]	\$
801	Riverton Rd					
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Bangor	PA	18013				
Employer Name					Occupation	
					Retired	
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Thomas Gilmow					10/27/25	30 ⁰⁰
House #	Street Address				Date [MM/DD/YYYY]	\$
157	Morningside Dr					
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Mount Bethel	PA	18343				
Employer Name					Occupation	
Finger Paint					Director/Martech	
Employer Mailing Address / Principal Place of Business						
48 Fredrick Pl Cedar Knolls NJ 07927						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business						

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.

Filer Identification Number:	
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Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

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

Filer Identification Number:

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period

(1)

\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period

(2)

\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period

(3)

\$

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, Report Cover Page, Item F)

\$

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$		

Description of Contribution	
-----------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$		

Description of Contribution	
-----------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$		

Description of Contribution	
-----------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$		

Description of Contribution	
-----------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$		

Description of Contribution	
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SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:

To Whom Paid		Staples			Date [MM/DD/YYYY]	\$	28.34
House #	Street Address	Apple gate Rd Suite 100			Description of Expenditure		
City	State	Zip Code	Printing				
205	PA	18360					
To Whom Paid		USPS			Date [MM/DD/YYYY]	\$	287.01
House #	Street Address	S 1st St			Description of Expenditure		
City	State	Zip Code	Postage-EDDM				
212	PA	18013					
To Whom Paid		USPS			Date [MM/DD/YYYY]	\$	419.90
House #	Street Address	Mount Bethel Plaza			Description of Expenditure		
City	State	Zip Code	Postage-EDDM				
2	PA	18343					
To Whom Paid		Print Plus			Date [MM/DD/YYYY]	\$	9.99.00
House #	Street Address	New Brunswick Ave			Description of Expenditure		
City	State	Zip Code	Mailer-EDDM				
1211A	NC	08865					
To Whom Paid		Vista Print			Date [MM/DD/YYYY]	\$	92.09
House #	Street Address	Hayden Ave			Description of Expenditure		
City	State	Zip Code	1 ite 4 Polling location				
95	MA	02021					
To Whom Paid		Just Yard Sign			Date [MM/DD/YYYY]	\$	714.01
House #	Street Address	Mercator Dr			Description of Expenditure		
City	State	Zip Code	Replacement signs				
625	FL	32807					
To Whom Paid		Fidelity Bank			Date [MM/DD/YYYY]	\$	7.00
House #	Street Address	N. Delaware Ave			Description of Expenditure		
City	State	Zip Code	Bank Fee				
2118	PA	18343					
To Whom Paid		Northampton Democrat. Committee			Date [MM/DD/YYYY]	\$	200.00
House #	Street Address	PO Box 22566			Description of Expenditure		
City	State	Zip Code	Sponsor Winter Gala.				
	PA	18002					

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City				State	Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City				State	Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City				State	Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City				State	Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City				State	Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address				DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City				State	Zip Code		
Description of Debt							



Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

2025 DEC 05 09:36:56 *

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.**

Name of Filing Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input checked="" type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Courtney Gilmore
Signature of Treasurer, Candidate, or Lobbyist

12/5/2025
Date (MM/DD/YYYY)

Courtney Gilmore
Printed Name

Upper Mount Bethel PA USA
Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Courtney Gilmore

Signature of Treasurer, Candidate, or Lobbyist

12/5/2025

Date (MM/DD/YYYY)

Courtney Gilmore

Printed Name

Upper Merion Bethel PA USA

Location (City/State/Country)