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 :	2004255										COM	MITTEE	Y	LUBI	31131	
Name of Filing C	Committee, Candid	ate or L	obbyist:		Fraterr	nal Ord	der of	Poli	ice Lod	ge 5						
Street Address:																
City:	Philadelphia						State: PA					Zip Code: 19123				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA					AMENDMENT REPORT?		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		F	POST-	6. X		TERMIN/ REPORT		Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2012				NG MI					PAPER		\bigvee	DISKE	ΓΤΕ
Name of Office S	Sought by Candida	te:	•		•		DAT	TE O	F ELE	стіо	N	District Number	Office Code	Par	ty Code	County Code
							МО		DAY	YE	EAR		•	•		51
								11		6	2012		(SEE IN:	STRUCTI	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YI	EAR	FC	R OFFI	CE USE	ONLY	
Expenditures	s trom:		10 23	20)12 1	ГО		11	2	26	2012					
A. Amount Bro	ught Forward Fror	n Last R	eport			\$					508.36					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$;			7,9	946.02					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$;			18,4	454.38					
D. Total Expen	ditures (From Sch	edule II	I)			\$;			4	100.00					
E. Ending Cash	Balance (Subtrac	Line D	From Line	C)		\$	<u> </u>			18,0	54.38					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)	\$;				0.00	-				
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$;				0.00					
				AFF	IDAV1	IT SE	CTI	ON								
	s a Committee rep	-	_								_					
I swear (or affirm) correct and complete) that this report, incl ete.	uding the	e attached sc	hedules	filed on	paper	or by	elect	ronic me	edium	, are to t	the best o	f my knov	wledge	and belie	f , true
Sworn to and subs	cribed before me this day of	•	20							S	Signature	of Perso	n Submitt	ting Rep	ort	
	Signatu	re				_						Prin	ted Name	<u> </u>		
My Commission Ex	_					_						Ema	il			
	МО	D	AY	YR					Are	a Cod	le	Daytin	e Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comm	ittee, (Candid	late s	hall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of ned.	ny knowle	edge and beli	ief this	political	comm	ittee l	has n	ot violat	ed an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,
Sworn to and subso	ribed before me this day of		20								s	ignature (of Candida	ate		
						_						Printe	ed Name			—
My Commission Exp	Signature pires					_						Ema	il			—
	мо	D	AY	YR		_			Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
Fraternal Order of Police Lodge 5	From:	10/23/20	<u>12</u> To:	11/26/2012
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	7,946.02
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)			\$	0.00
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
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	7,946.02

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 o	Reporting Period						
			From:		То	:	
		•		DATE		АМО	TNUC
Full Name of Contributing Cor	mmittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

0.00

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)

(Exclude cont		r ponticui conni		.03 .01	Joi tea	in i di c	~,	
Name of Filing Committee or Cand	idate		Rep	oorting P	eriod			
			Fro	m:		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.

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 Ca	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Comn	nittee			мо	DAY	YEAR		0.00
Mailing Address							*	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	n Schedule I, Detailed	d Summary Pa	age, Sectio	n 3.			\$	0.00

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			Rep	orting Pe	riod			
			Fron	n:		Т	o:	
				D/	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus	5 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
							7	0.00

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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Caatle					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary 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 Per	iod	
Fraternal Order of Police Lodge 5	From:	<u>10/23/2012</u> To:	11/26/2012
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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)	\$	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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Can	Name of Filing Committee or Candidate Re					Reporting Period					
Fi				From: To:							
				DATE			AMOUNT				
Full Name of Contributor			МО	DAY	YEAR						
Mailing Address						7 \$	0.0	10			
City	State	Zip Code (Plus 4)									
Description of Contribution:	•		•	•							
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL				
Section 2.						\$	0.0	0			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

PAGE TOTAL

400.00

\$

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporting Period						
Fraternal Order of Police Lodge 5			From	11/26/2012			
		DATE			AMOUNT		
To Whom Paid			МО	DAY	YEAR		
Friends of Brendan Boyle	1.0						
Mailing Address			10	23	2012	\$	150.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19116	State/L	ocal candic	late		
To Whom Paid			мо	DAY	YEAR		
Friends of JP Miranda			MO	DAT	TEAR		
Mailing Address			11	2	2012	\$	250.00
City Philadelphia State Zip Code (Plus 4)			Descrip	tion of Exp	enditure		
	PA	19132	State/Id	cal candid	ate		

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