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 2004	233			Repo Filed		CA	NDI	DATE		COM	AITTEE	Y	LUBE	31131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		Frater	nal Ord	der of	Poli	ce Lod	lge 5			•			
Street Address:	11630 Carolir	e Road														
City:	Philadelphia						State	e:	PA			Zip Co	de: 19	154		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		F	POST-	3. X		AMENDN REPORT		Yes	No	~
(place X to the right of	ce X to PRE-ELECTION ELECTION ELECTION							POST- 6.			TERMINATION REPORT?		Yes	No	\	
report type)	ANNUAL REPORT	7.	Year 2015				NG ME					PAPER		\	DISKE	ГТЕ
Name of Office S	ought by Candida	te:			-	-	DAT	ΈΟ	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
							МО		DAY	YE	AR				•	51
								11		3	2015		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YI	AR	FC	R OFFIC	E USE	ONLY	
Expenditures	from:		5 5	20	015	то		6		8	2015					
A. Amount Bro	ught Forward Fron	n Last R	eport		•	\$				5,5	74.82					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$;			3,6	527.80					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$;			9,2	202.62					
D. Total Expend	ditures (From Sch	edule II	I)			\$;			5,0	00.00					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$;			4,2	02.62					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)	\$;				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$	1				0.00			•		
						IT SE										
I swear (or affirm)	that this report, incl	-	_						-		_		f my knov	vledge a	and belie	ef , true
correct and comple	cribed before me this	ì									·:	of Daves	n Submitt	ina Dan		
	day of		20			_					ngnature	oi Peiso	ii Subillici	ilig Kep	iort	
	Signatu	re				_						Prin	ted Name	1		
My Commission Ex	xpires					_						Ema	il			
	МО	D	AY	YR					Are	ea Cod	le	Daytin	e Teleph	one Nu	mber	_
	a report of a cand				•				_							
No 320) as amende		ny knowle	edge and beli	ief this	politica	ıl comm	ittee h	nas n	ot viola	ted an	y provis	ions of th	e act of Ju	ıne 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20								s	ignature (of Candida	ate		
						_						Printe	ed Name			
My Commission Exp	Signature ires					_						Ema	il			-
	МО	D	AY	YR		_			Area	Code		D	aytime To	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:	<u>5/5/201</u>	<u>5</u> To:	6/8/2015
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	3,627.80
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	3,627.80

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			From: To:				:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

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)

Name of Filling Committee of Candidate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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

PAGE TOTAL \$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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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.)

ame of Filing Committee or Candidate				orting Pe	riod			
			Froi	m:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	PAGE TOTAL 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 or	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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		
Fraternal Order of Police Lodge 5	From:	<u>5/5/2015</u> To:	<u>6/8/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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 Candidate Re			Reporting	g Period			
	From:			To:			
				DATE			AMOUNT
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 Sch	edule II, In-Kin	d Contributions Deta	iled Sum	marv Pac	ie, F		PAGE TOTAL
Section 2.	,			, .	,	\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	1				Re	porting	Period				
					Fro	om:		То	:		
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•					Occupa	ation				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Sci Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed					PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period			
Fraternal Order of Police Lodg	je 5		From	<u>5/</u>	<u>5/2015</u>	То:	6/8/2015
				DATE			AMOUNT
To Whom Paid Bobby11			МО	DAY	YEAR		
Mailing Address 4814 Princ	eton		5	5	2015	\$	500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19135	Descrip Contrib	otion of Expoution	penditure		
To Whom Paid Kenney 2015			МО	DAY	YEAR		
Mailing Address PO Box 60065				7	2015	\$	1,500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Descrip Contrib	otion of Expoution	penditure	l	
To Whom Paid Hillary for America	·		мо	DAY	YEAR		
Mailing Address P.O Box 77	'05		5	11	2015	\$	1,000.00
City McLean	State VA	Zip Code (Plus 4) 22106	Descrip Contrib	otion of Expoution	penditure		
To Whom Paid Friends of Mark Squilla			мо	DAY	YEAR		
Mailing Address P.O Box 33732			6	5	2015	\$	2,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19143	Descrip Contrib	otion of Exp oution	penditure		
							PAGE TOTAL

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

5,000.00