

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b>		2004233		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> Fraternal Order of Police Lodge 5												
<b>Street Address:</b> 11630 Caroline Road												
<b>City:</b> Philadelphia						<b>State:</b> PA			<b>Zip Code:</b> 19154			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2015	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	51			
						11	3	2015	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		11	24	2015		12	31	2015				
<b>A. Amount Brought Forward From Last Report</b>						\$ 16,969.64						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 11,881.14						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 28,850.78						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 9,405.00						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 19,445.78						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 0.00						

## 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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

### 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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Fraternal Order of Police Lodge 5	From: <u>11/24/2015</u> To: <u>12/31/2015</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 11,321.14

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 560.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 560.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 11,881.14
---	--------------

**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	Reporting Period
	From: <span style="float: right;">To:</span>
<div style="display: flex; justify-content: space-between;"> <span>DATE</span> <span>AMOUNT</span> </div>	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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

<b>PAGE TOTAL</b>
\$ 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)**

<b>Name of Filing Committee or Candidate</b> Fraternal Order of Police Lodge 5	<b>Reporting Period</b> From: <u>11/24/2015</u> To: <u>12/31/2015</u>
---	--

<b>DATE</b>	<b>AMOUNT</b>
-------------	---------------

Full Name of Contributor			MO	DAY	YEAR	\$60.00
Claudia Johnson						
Mailing Address			12	28	2015	
511 S. 48th Street						
City	Philadelphia	State				
		PA				
		Zip Code (Plus 4)				
		19143				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Rita Siegman							
Mailing Address 3502 Chadbury RD				12	28	2015	
City	Mt Laurel	State	Zip Code (Plus 4)				
		PA	08054				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Joe Reiber							
Mailing Address 20 N. Sycamore Ave				12	28	2015	
City Clifton Heights	State PA	Zip Code (Plus 4) 19018					

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00	
Rebecca M. Sturner							
Mailing Address 306 Meadowview Dr							
City	Trappe	State	Zip Code (Plus 4)	11	30	2015	
		PA	19426				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
Michael Sturner						
Mailing Address 306 Meadowview Dr.						
City	Trappe	State	Zip Code (Plus 4)	11	30	2015
		PA	19426			

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
John Parker						
Mailing Address			11	30	2015	
650 N. 42nd Street						
City	State	Zip Code (Plus 4)				
Philadelphia	PA	19104				

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

<b>PAGE TOTAL</b>
\$ 560.00

## 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	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 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: <span style="float: right;">To:</span>

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 0.00

## 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	Reporting Period  From: <span style="float: right;">To:</span>
---------------------------------------	--

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
Fraternal Order of Police Lodge 5		From: <u>11/24/2015</u> To: <u>12/31/2015</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	0.00
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, Reports Cover Page, Item F.)		\$	0.00

**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
---------------------------------------	--

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

5/4/2024 2:31:24 PM

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Fraternal Order of Police Lodge 5	From <u>11/24/2015</u> To: <u>12/31/2015</u>

DATE				AMOUNT		
To Whom Paid First Trust Bank			MO	DAY	YEAR	\$ 5.00
Mailing Address 111 South Independence Mall			11	24	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 19006	Description of Expenditure Returned check 1070			
To Whom Paid Tom Wolf for Governor			MO	DAY	YEAR	\$ 5,000.00
Mailing Address P.O Box 615			11	24	2015	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Contribution			
To Whom Paid Buck County Democratic Committee			MO	DAY	YEAR	\$ 2,000.00
Mailing Address 123 North Broad Street			11	24	2015	
City Doylestown	State PA	Zip Code (Plus 4) 18901	Description of Expenditure Contribution			
To Whom Paid Novak Francella LLC			MO	DAY	YEAR	\$ 1,125.00
Mailing Address One Presidential Blvd Ste 330			11	24	2015	
City Bala Cynwyd	State PA	Zip Code (Plus 4) 19004	Description of Expenditure Accounting fee			
To Whom Paid First Trust Bank			MO	DAY	YEAR	\$ 25.00
Mailing Address 111 South Independence Mall			11	30	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 19006	Description of Expenditure Returned check			

<b>To Whom Paid</b> Committee to Elect Mike Stack			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> PO Box 391			12	11	2015	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> Contribution			

  

<b>To Whom Paid</b> Friends of 65th Ward			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> PO Box 22602			12	17	2015	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19110	<b>Description of Expenditure</b> Cleared check 1241			

  

<b>To Whom Paid</b> DePasquale for PA			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> PO Box 391			12	28	2015	
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Description of Expenditure</b> Contribution			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 9,405.00

