Campaign Finance Report

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

Number: Filed By:					СОМ	4ITTEE	✓	LOBI	BYIST							
Name of Filing C	Committee, Candid	ate or L	obbyist:		Frat	terna	al Ord	er of Po	lice Loc	lge 5						
Street Address:	11630 Carolir	ne Road														
City:	Philadelphia							State:	PA	PA		Zip Cod	le: 19	9154		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3. X		AMENDMENT REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST- 6.			TERMINA REPORT		Yes	No	~
report type)	ANNUAL REPORT	7.	Year 2016					IG METH CHECK O		-				\	DISKE	ГТЕ
Name of Office S	Sought by Candida	te:	-					DATE ()F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
	· ,							МО	DAY	YE	AR	Number	Todac		!	51
								11		8	2016		(SEE IN	STRUCTI	ONS FOR C	ODES)
	Receipts and	МО	DAY Y	'EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	s from:		4 12	20	016	T	0	5	5	16	2016					
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			5,0	06.24					
B. Total Monet	ary Contributions	And Rec	eipts (From S	Sche	dule	e I)	\$			7,7	62.12					
C. Total Funds Available (Sum Of Lines A and B)						\$			12,7	68.36						
D. Total Expenditures (From Schedule III)						\$			4,0	23.40						
E. Ending Cash Balance (Subtract Line D From Line C)					\$			8,7	44.96							
F. Value Of In-	Kind Contributions	s Receiv	ed (From Sch	edul	le II	I)	\$				0.00					
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			1		
			ļ	AFF	IDA	AVI	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	[f th	nis is	a Can	ndidate r	eport, o	andio	late sig	ın here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sche	dules	file	d on	paper (or by elec	tronic m	edium,	are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me this day of	5	20							s	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu	re	_				-					Prin	ted Name	e		
My Commission Ex	cpires											Ema	il			
	мо	D	AY	YR					Ar	ea Cod	е	Daytim	e Telepl	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized Co	omm	nitte	ee, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief	this	polit	tical	commi	ittee has ı	not viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20								s	ignature o	of Candid	ate		
							-					Printe	d Name			
My Commission Exp	Signature						-					Ema	il			
rry Commission Exp							•									
	МО	D	AY	YR					Area	Code		Da	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:	4/12/20:	<u>l6</u> To:	5/16/2016
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	7,602.12
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)			\$	160.00
TOTAL for the Reporting	J Period	(2)	\$	160.00
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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	j 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			\$	7,762.12

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL \$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 Candid	ate		Reporting F	Period			
Fraternal Order of Police Lodge 5			From:	4/12/	2016 T o) :	5/16/2016
		1		DATE			AMOUNT
Full Name of Contributor Michael O. Shellenberger			МО	DAY	YEAR		
Mailing Address 950 Cathedral Ro	ad				2016	\$	100.00
City Philadelphia	State PA	Zip Code (Plus 4) 19128	4	15	2016		
Full Name of Contributor Claudia Johnson			МО	DAY	YEAR		
Mailing Address 511 S. 48th Stree	et					\$	60.00
City Philadelphia	State PA	Zip Code (Plus 4) 19143	4	15	2016		

19143

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

PAGE TOTAL 160.00

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.)

Name of Filing Committee or Candidate				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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	bd			
			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. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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	od	
Fraternal Order of Police Lodge 5	From:	4/12/2016 To :	<u>5/16/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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,	<u> </u>	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				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	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reportir	ng Period			
Fraternal Order of Police Lodge	e 5		From	<u>4/1</u> 2	2/2016	То:	5/16/2016
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
DePasquale for PA							
Mailing Address PO Box 391			4	13	2016	\$	500.00
City Harrisburg	State	Zip Code (Plus 4)	Descrip	otion of Exp	penditure		
-	PA	17108	Contrib	ution			
To Whom Paid Committee to Re-Elect John Ta	ylor		МО	DAY	YEAR		
Mailing Address 1600 Walnut Street			4	13	2016	\$	500.00
City Philadelphia State Zip Code (Plus 4)			Descrip	otion of Exp	penditure	<u> </u>	
PA 19103				oution			
To Whom Paid PFCU PAC			МО	DAY	YEAR		
Mailing Address 12800 Town	nend Rd		4	21	2016	\$	600.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	otion of Exp	penditure		
•	PA	19154	Contrib				
To Whom Paid Novak Francella LLC	·	•	МО	DAY	YEAR		
Mailing Address One Preside	ential Blvd Ste 330		4	22	2016	\$	1,062.50
City Bala Cynwyd	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure		
	PA	19004	Accoun	iting fee			
To Whom Paid	<u> </u>		мо	DAY	YEAR		
Mike Chitwood for Sheriff							
Mailing Address	344		4	22	2016	 s	1 000 00
	344 State	Zip Code (Plus 4)		22 otion of Exp		\$	1,000.00

32129

Contribution

FL

							PAGE 12
To Whom Paid LEHB			мо	DAY	YEAR		
Mailing Address 2233 Spring	g Garden		4	29	2016	\$	360.90
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
·	PA	19130	Politica	l campaigr	calls		
		1					PAGE TOTAL
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item D.	•			\$	4,023.40