

Campaign Finance Report

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

Filer Identification Number : 2004233		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: Fraternal Order of Police Lodge 5								
Street Address: 11630 Caroline Road								
City: Philadelphia				State: PA		Zip Code: 19154		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2017	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code
				MO	DAY	YEAR	51	
				11	7	2017	(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR
		3	28	2017		5	1	2017
A. Amount Brought Forward From Last Report				FOR OFFICE USE ONLY				
B. Total Monetary Contributions And Receipts (From Schedule I)								
C. Total Funds Available (Sum Of Lines A and B)								
D. Total Expenditures (From Schedule III)								
E. Ending Cash Balance (Subtract Line D From Line C)								
F. Value Of In-Kind Contributions Received (From Schedule II)								
G. Unpaid Debts And Obligations (From Schedule IV)								

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

Name of Filing Committee or Candidate	Reporting Period
Fraternal Order of Police Lodge 5	From: <u>3/28/2017</u> To: <u>5/1/2017</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 13,195.83

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 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)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 14,355.83
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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: To:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </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.

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 Candidate Fraternal Order of Police Lodge 5	Reporting Period From: <u>3/28/2017</u> To: <u>5/1/2017</u>
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				DATE			AMOUNT	
Full Name of Contributor Claudia Johnson				MO	DAY	YEAR	\$ 60.00	
Mailing Address 511 S. 48th Street				4	26	2017		
City Philadelphia		State PA	Zip Code (Plus 4) 19143					

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
Michael Sturner						
Mailing Address 306 Meadowview Dr.						
City	Trappe	State	Zip Code (Plus 4)	4	12	2017
		PA	19426			

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 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.

PAGE TOTAL
\$ 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 Fraternal Order of Police Lodge 5	Reporting Period From: <u>3/28/2017</u> To: <u>5/1/2017</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
Wade Insurance							
Mailing Address 12003 Roosevelt Blvd Suite 3				4	12	2017	\$ 1,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19154					
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.

PAGE TOTAL
\$ 1,000.00

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: To:
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			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.

PAGE TOTAL
\$ 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>3/28/2017</u> To: <u>5/1/2017</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
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: To:
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			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.						PAGE TOTAL \$ 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Fraternal Order of Police Lodge 5	From <u>3/28/2017</u> To: <u>5/1/2017</u>

DATE				AMOUNT		
To Whom Paid Shapiro for PA			MO	DAY	YEAR	\$ 720.00
Mailing Address PO Box 22635			3	30	2017	
City Philadelphia	State PA	Zip Code (Plus 4) 19110	Description of Expenditure Tickets Sixers event			
To Whom Paid PFCU PAC			MO	DAY	YEAR	\$ 600.00
Mailing Address 12800 Townend Rd			4	13	2017	
City Philadelphia	State PA	Zip Code (Plus 4) 19154	Description of Expenditure Contribution to other PAC			
To Whom Paid Phila. Police Home Assoc.			MO	DAY	YEAR	\$ 2,511.00
Mailing Address 11630 Caroline Rd			4	17	2017	
City Philadelphia	State PA	Zip Code (Plus 4) 19116	Description of Expenditure Judge Furlong event			
To Whom Paid Friends of Judge McLaughlin			MO	DAY	YEAR	\$ 500.00
Mailing Address PO Box 58381			4	17	2017	
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Description of Expenditure Contribution			
To Whom Paid Friends of Lawrence Farnese			MO	DAY	YEAR	\$ 500.00
Mailing Address PO Box 22596			4	17	2017	
City Philadelphia	State PA	Zip Code (Plus 4) 19110	Description of Expenditure Contribution			

To Whom Paid Todd Eagen for Judge			MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO Box 626			4	17	2017	
City Scranton	State PA	Zip Code (Plus 4) 18501	Description of Expenditure Contribution			

To Whom Paid Friends of Judge McLaughlin			MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO Box 58381			4	19	2017	
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Description of Expenditure Contribution			

To Whom Paid ABC Sign			MO	DAY	YEAR	\$ 250.00
Mailing Address 7970 National Hwy			4	26	2017	
City Pennsauken	State NJ	Zip Code (Plus 4) 08110	Description of Expenditure Negrin for DA signs			

To Whom Paid Outfront Media			MO	DAY	YEAR	\$ 1,167.00
Mailing Address 4667 Somerton Rd			4	26	2017	
City Trevese	State PA	Zip Code (Plus 4) 19053	Description of Expenditure Negrin for DA signs			

To Whom Paid Clear Channel Outdoor			MO	DAY	YEAR	\$ 2,019.00
Mailing Address 9130 State Road			4	26	2017	
City Philadelphia	State PA	Zip Code (Plus 4) 19136	Description of Expenditure Negrin for DA signs			

To Whom Paid Outfront Media			MO	DAY	YEAR	\$ 3,906.00
Mailing Address 4667 Somerton Rd			4	26	2017	
City Trevese	State PA	Zip Code (Plus 4) 19053	Description of Expenditure Negrin for DA signs			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 14,173.00

