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 2	004233	3				Repor Filed I		CA	NDII	DATE		COMN	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Car	ndidate	or Lo	bbyist	:	F	ratern	al Ord	der of	Poli	ce Lod	lge 5			·				
Street Address:	11630 Car	roline R	Road																
City:	Philadelph	ia							State	e:	PA			Zip Cod	le: 19	154			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FF PRIMAI		PRE-	2.	30 D/ PRIM		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FF ELECTI		PRE-	5. X	30 D		Р	OST-	6.		TERMINA REPORT?	Yes	٨	0	√	
report type)	pe) ANNUAL REPORT 7. Year 2017 FIL						NG ME		_			PAPER	√	DISK	ETTE				
Name of Office S	ought by Cand	lidate:	-				•		DAT	ΕO	F ELE	CTIC	DN .	District Number	Office Code	Pai	ty Cod	Cour	
									МО		DAY	Y	EAR					51	
										11		7	2017		(SEE INS	TRUCTI	ONS FOI	CODES)
Summary of		d M	10	DAY	,	YEAR			МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	,	
Expenditures from: 9 19 2017 TO 10 23 2							2017												
A. Amount Bro	ught Forward I	From La	ast Re	port				\$				26,	522.25						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 8,769.									769.38										
C. Total Funds Available (Sum Of Lines A and B) \$ 3!									35,	291.63									
D. Total Expenditures (From Schedule III)								\$	i			15,	260.30						
E. Ending Cash	Balance (Subt	ract Lir	ne D F	rom L	ine C)		\$	<u>; </u>			20,0	031.33						
F. Value Of In-	Kind Contribut	ions Re	eceive	d (Fro	m Sc	hedule	II)	\$;				0.00						
G. Unpaid Debt	s And Obligati	ons (Fr	om S	chedul	le IV)	1		\$;				0.00						
						AFFI	DAVI	T SE	CTI	NC									
PART I - If this is					_								_		e •	.1		!!- & *	
I swear (or affirm) correct and comple		, includir	ng tne	attacne	ea scno	eaules	riiea on	paper	ог ву	eiectr	onic m	eaiun	i, are to t	ne best o	r my knov	vieage	and be	iler , tr	ue
Sworn to and subs	cribed before me day of	this		20						,		:	Signature	of Perso	1 Submitt	ing Re	oort		
	Sign	nature		_				<u>-</u>						Prin	ted Name				-
My Commission Ex	pires							_		•				Emai	I				
	МО		DA	Y		YR					Are	ea Co	de	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a	candida	ite's a	uthori	ized (Commi	ttee, C	Candid	late s	hall s	sign he	ere.							
I swear (or affirm) No 320) as amende		of my k	nowle	dge and	l belie	f this p	olitical	comm	ittee l	nas no	ot viola	ted aı	ny provisi	ions of the	e act of Ju	ine 3,1	937 (P	L. 133	3,
Sworn to and subsc	ribed before me	this		20									Si	ignature o	of Candida	ite			-
								-						Printe	d Name				-
My Commission Exp	Signati	ure						_						Ema	il				-
Try Commission Exp								_											_
	МО		DA	Y		YR					Area	Code		Da	ytime Te	elephor	ne Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
Fraternal Order of Police Lodge 5	From:	9/19/201	<u>.7</u> To:	10/23/2017			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting	Period	(1)	\$	8,669.38			
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)			\$	100.00			
TOTAL for the Reporting	Period	(2)	\$	100.00			
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 Page 1			\$	8,769.38			

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize only with an aggregate valu							
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			From: To:					
		-			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	•	•		•	•		

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

PAGE TOTAL
\$ 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 Filing Committee or Candidate

Reporting Period

Fraternal Order of Police Lodge 5

From: 9/19/2017 To:

DATE

1

10/23/2017

AMOUNT

Full Name of Contributor Michael O. Shellenberger	Michael O. Shellenberger					
Mailing Address 950 Cathedral Road						\$ 100.00
City Philadelphia	State PA	Zip Code (Plus 4) 19128	10	17	2017	

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

PAGE TOTAL \$ 100.00

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:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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 Candida	ate			Rep	orting Pe	riod			
				Froi	n:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	i 4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Principal Business	Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on So	chedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE 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	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	GE 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 Per	iod	
Fraternal Order of Police Lodge 5	From:	<u>9/19/2017</u> To:	10/23/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candid	Name of Contributor ing Address State Zip Code (Plus 4)			Reporting 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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL		
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL		
						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	te				Re	porting	Period				
					Fro	m:		То	:		
					<u> </u>		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 P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Car	ndidate		Reportii	ng Period			
Fraternal Order of Police Lodge			From		<u>9/2017</u>	То:	10/23/2017
				DATE			AMOUNT
To Whom Paid Friends of Beth Grossman			МО	DAY	YEAR		
Mailing Address PO Box 2040	1		9	20	2017	\$	7,500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19137	Descrip Contrib	otion of Exp oution			
To Whom Paid John Rafferty for Senate	•		мо	DAY	YEAR		
Mailing Address PO Box 624			9	26	250.00		
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Descrip Contrib	otion of Exp oution			
To Whom Paid Phila. Police Home Assoc.	•		МО	DAY	YEAR		
Mailing Address 11630 Caroli	ne Rd		9	26	2017	\$ \$	1,684.80
City Philadelphia	State PA	Zip Code (Plus 4) 19116	1	otion of Exp O'Neill ever			
To Whom Paid Squilla for Council	•		мо	DAY	YEAR		
Mailing Address P.O. Box 337	32		9	27	2017	\$	250.00
City Philadelphia	State PA	Zip Code (Plus 4) 19148	Descrip Contrib	otion of Expoution	penditure		
To Whom Paid Kennedy Printing		•	МО	DAY	YEAR		
ailing Address 5534 Baltimore Ave			10	3	2017	\$	2,825.50
City Philadelphia	State PA	Zip Code (Plus 4) 19143	1	otion of Exp g - Beth (

							PAGE 12
To Whom Paid Citizens to Elect Judge Joe Walsh				DAY	YEAR		
Mailing Address 101 Greenwood Ave, 5th Flr			10	3	2017	\$	500.00
City Jenkintown	State PA	Zip Code (Plus 4) 19046	Description of Expenditure Contribution				
To Whom Paid Rebecca Rhynhart - City Controller			МО	DAY	YEAR		
Mailing Address PO Box 2052			10	4	2017	\$	1,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure Contribution				
To Whom Paid Rebecca Rhynhart - City Controller			МО	DAY	YEAR		
Mailing Address PO Box 2052			10	16	2017	\$	500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure Contribution				
To Whom Paid Galloway for State Rep			МО	DAY	YEAR		
Mailing Address 45 Valentine Lane			10	16	2017	\$	250.00
City Levittown	State PA	Zip Code (Plus 4) 19054	Description of Expenditure Contribution				
To Whom Paid The Comm to Retain Justice Debra Todd			МО	DAY	YEAR		
Mailing Address PO 2323			10	16	2017	\$	500.00
City Cranberry Township	State PA	Zip Code (Plus 4) 16066	Description of Expenditure Contribution				
Enter Grand Total of Expenditu	ires on Page 1 Pa	anort Cover Page Item D					PAGE TOTAL
Liner Granu Total Of Expenditt	nes on raye 1, Re	sport cover Page, Item D	•			\$	15,260.30