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	20042	233			Rep File			CAI	NDII	DATE		СОМ	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		Frate	erna	al Ord	ler of	Poli	ce Lod	lge 5	5						
Street Address:	1163	0 Carolin	e Road																
City:	Phila:	delphia							State	e:	PA			Zip Cod	l e: 19	154	_		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	AY PRE	- 2	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	/
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA	AY PRE	- 5	j.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL	REPORT	7. X	Year 2018	3				NG ME CHEC					PAPER		\	DISK	ETTE	
Name of Office S	- Sought by	Candidat	e:						DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Pa	rty Cod	Cour	
									МО		DAY	Υ	/EAR					51	
										11	l 6 2018 (SEE INSTRUCT					ONS FOR	CODES)	
Summary of		and	МО	DAY	YEAR	1			МО		DAY	Y	/EAR	FO	R OFFIC	E USE	ONLY	,	
Expenditures	from:		1	11 27	7 2	018	T	0		12		31	2018						
A. Amount Bro	ught Forv	vard From	ı Last R	eport				\$				90,	,275.39						
B. Total Moneta	ary Contr	ibutions A	and Rec	eipts (Fror	n Sche	dule	I)	\$				16,	,013.90						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				106,	,289.29						
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$				16,	788.65						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				89,	500.64						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	Schedu	le II))	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	chedule I	V)			\$					0.00		•				
					AFF	IDA	VI	ΓSE	CTIC	N									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	[f thi	s is	a Car	ndidat	e re	port, o	and	idate sig	n here.					
I swear (or affirm) correct and comple		eport, inclu	uding the	attached so	chedules	filed	on	paper	or by e	electr	onic m	ediur	n, are to t	he best of	my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed befo	ore me this		20									Signature	of Persor	Submitt	ing Re	port		
	_	Signatur	'A					-						Print	ed Name				_
My Commission Ex	pires	Signatui	-							•				Emai	l				-
		мо	D/	ΑY	YR			_		,	Are	ea Co	ode	Daytim	e Teleph	one Nu	ımber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nittee	e, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and bel	lief this	politi	ical	comm	ittee h	as no	ot viola	ted a	iny provisi	ons of the	act of Ju	ıne 3,1	.937 (P.	L. 133	з,
Sworn to and subsc		re me this											Si	gnature o	f Candida	ite			-
	day of —			- ²⁰ —				-						Drinto	d Name				_
		Signature						-											_
My Commission Exp		. g								•				Emai	I				_
	_	мо	D	AY	YR			•			Area	Code		Da	ytime Te	elepho	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
Fraternal Order of Police Lodge 5	From:	11/27/201	<u>8</u> To:	12/31/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	15,413.90
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)			\$	500.00
TOTAL for the Reporting	Period	(3)	\$	500.00
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			\$	16,013.90

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

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

Reporting Period

Fraternal Order of Police Lodge 5

From: <u>11/27/2018</u> To:

DATE

12/31/2018

AMOUNT

Full Name of Contributor James Gleeson	МО	DAY	YEAR			
Mailing Address P.O. Box 369						\$ 100.00
City Wysox	State	Zip Code (Plus 4)	11	29	2018	
	PA	18854				

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	me of Filing Committee or Candidate Re		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 or Filing Committee or Candidate	or riling Committee or Candidate				Reporting Period						
Fraternal Order of Police Lodge 5			Fron	n:	11/27/2	<u>018</u> To	:	12/31/2018			
				D/	ATE		AN	OUNT			
Full Name of Contributor Michael Sturner				МО	DAY	YEAR					
Mailing 306 Meadowview Dr.							\$	500.00			
City Davenport	State	Zip Code (Plus	s 4)	12	27	2018					
	FL	33896									
Employer Name na				Occupat	t ion	etired					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)			
na		na									
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmarv Page.	Section	on 3.			P	AGE TOTAL			
		,.		0.		\$		500.00			

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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
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. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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 Per	iod						
Fraternal Order of Police Lodge 5	From:	<u>11/27/2018</u> To:	12/31/2018					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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,	•	\$	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

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reportir	ng Period						
Fraternal Order of Police Lodge	: 5		From	11/2	7/2018	То:	12/31/2018			
				DATE A						
To Whom Paid The Green Fund			мо	DAY	YEAR					
Mailing Address PO Box 4984	1		12	4	2018	\$	500.00			
City Philadelphia	PA 19119				Description of Expenditure Contribution					
To Whom Paid Phila. Police Home Assoc.	МО	DAY	YEAR							
Mailing Address 11630 Carol	Address 11630 Caroline Rd					\$	3,107.40			
City Philadelphia	State PA	Zip Code (Plus 4) 19116		otion of Exp						
To Whom Paid Bobby11	·	·	мо	DAY	YEAR					
Mailing Address PO Box 2260)2		12	12	2018	\$ \$	5,000.00			
City Philadelphia	State PA	Zip Code (Plus 4) 19110	Descrip Contrib	ntion of Exp oution	enditure					
To Whom Paid Novak Francella LLC			МО	DAY	YEAR					
Mailing Address One Preside	ntial Blvd Ste 330		12	13	2018	\$	1,656.25			
City Bala Cynwyd State Zip Code (Plus 4) PA 19004				otion of Exp	enditure					
To Whom Paid First Trust Bank			МО	DAY	YEAR					
Mailing Address 111 South Independence Mall				20	2018	\$	25.00			
City Philadelphia State Zip Code (Plus 4)				tion of Exp	enditure	<u> </u>				

19006

Returned check C Latney

PA

To Whom Paid Citizens for Jewell Williams	zens for Jewell Williams				YEAR			
Mailing Address PO Box 22:	347		12	26	2018	\$	1,000.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19110	Description of Expenditure Contribution					
riends of Maria				DAY	YEAR			
Mailing Address P.O Box 60811 12					2018	\$	500.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19133	Descrip Contrib	otion of Exp oution	enditure			
To Whom Paid Friends of Brian O'Neill			МО	DAY	YEAR			
Mailing Address 15209 Berr	nita Drive		12	26	2018	\$	5,000.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19116	Descrip Contrib					
Enter Grand Total of Expen	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
						\$	16,788.65	