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 2004	233				port		CAND	DATE		СОМ	ITTEE	✓	LOBB	YIST	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		Frat	terna	al Ord	er of Pol	ice Loc	lge 5	;			•		
Street Address:	11630 Carolin	e Road														
City:	Philadelphia							State:	PA			Zip Cod	de: 1	19154		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE-	-	2.	30 DA PRIMA		POST-	3. X	,	AMENDM REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	-	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	/
	ANNUAL REPORT	7.	Year 2019					IG METH		<u> </u>		PAPER		\	DISKET	TE
Name of Office S	ought by Candida	te:	Į.					DATE C	F ELE	CTI	ON	District Number	Office Code		y Code	County Code
								МО	DAY	Υ	EAR					51
								11		5	2019		(SEE I	NSTRUCTIO	NS FOR C	ODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR			_	МО	DAY	Y	EAR	FO	R OFF	ICE USE	ONLY	
			5 7	20	019) I	0	6	5	10	2019					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				847.15					
B. Total Moneta	ary Contributions A	And Rec	eipts (From	Sche	dule	e I)	\$			18,	078.81					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			122,	925.96					
D. Total Expend	ditures (From Scho	edule II	I)				\$			26,	331.80					
E. Ending Cash	Balance (Subtract	Line D	From Line C	E)			\$			96,	594.16	-				
F. Value Of In-	Kind Contributions	Receive	ed (From Sc	hedu	le I	I)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			'		
				AFF	ID	AVI	T SE	CTION								
PART I - If this is	a Committee rep	ort, trea	surer sign h	nere. I	If th	nis is	a Can	ididate r	eport, o	cand	idate sig	jn here.				
I swear (or affirm) correct and comple	that this report, inclete.	uding the	attached sch	edules	s file	ed on	paper (or by elect	tronic m	ediun	n, are to t	the best o	f my kn	owledge a	nd belie	f , true
Sworn to and subs	cribed before me this day of	i	20								Signature	of Perso	n Subm	itting Rep	ort	
	Signatu	re					- -					Prin	ted Nan	ne		
My Commission Ex	rpires											Ema	il			
	мо	D	AY	YR			_		Ar	ea Co	de	Daytim	e Telep	ohone Nun	nber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	poli	itical	commi	ittee has r	not viola	ted a	ny provis	ions of th	e act of	June 3,19	37 (P.L.	1333,
Sworn to and subsc	ribed before me this		20								s	ignature o	of Candi	date		<u> </u>
	day of 						_					Printe	d Name	<u> </u>		— I
	Signature						-					E	:1			
My Commission Exp	ires											Ema	11			
	МО	D	AY	YR			-		Area	Code		Da	aytime	Telephone	e Numbe	r

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Fraternal Order of Police Lodge 5	From:	<u>5/7/201</u>	<u>9</u> To:	6/10/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	17,418.81
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)			\$	660.00
TOTAL for the Reporting	Period	(2)	\$	660.00
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 Pa			\$	18,078.81

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	porting	Period			
			Fre	om:		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)

Reporting Period Name of Filing Committee or Candidate Fraternal Order of Police Lodge 5 From: <u>5/7/2019</u> **To:** 6/10/2019 DATE **AMOUNT Full Name of Contributor** МО DAY YEAR Jeffrey Bascomb **Mailing Address** 918 N 20th Street 60.00 6 10 2019 State Zip Code (Plus 4) City Philadelphia PA 19130 **Full Name of Contributor** мо DAY YEAR Frank Emblen, IV **Mailing Address** 5400 Wissahickon Avenue Unit 2 60.00 10 2019 6 State Zip Code (Plus 4) City Philadelphia PA 19154 **Full Name of Contributor** мо DAY YEAR Malcolm McCoy **Mailing Address** 1816 N. Taney St 60.00 6 10 2019 City State Zip Code (Plus 4) Philadelphia PΑ 19121 **Full Name of Contributor** DAY YEAR МО Kenneth Downing **Mailing Address** 440 Railroad Ave 60.00 2019 6 10 City State Zip Code (Plus 4) Ambler PΑ 19002 **Full Name of Contributor** DAY YEAR МО Sean Cahill **Mailing Address** 3825 Chalfont Drive 60.00 10 2019 6 Zip Code (Plus 4) City State Philadelphia PΑ 19154

Full Name of Contributor Dawn Thomas			МО	DAY	YEAR	
Mailing Address 7724 Woodlawn Av	re					\$ 60.00
City Philadelphia	State PA	Zip Code (Plus 4) 19027	6	10	2019	
Full Name of Contributor Hamilton Marshmond			МО	DAY	YEAR	
Mailing Address 4416 Cartwithian F	d					\$ 60.00
City Philadelphia	State PA	Zip Code (Plus 4) 19136	6	10	2019	
Full Name of Contributor Crystal Carter			МО	DAY	YEAR	
Mailing Address 6803 Horrocks Stre	eet		_			\$ 60.00
City Philadelphia	State PA	Zip Code (Plus 4) 19149	6	10	2019	
Full Name of Contributor Deborah Gore			мо	DAY	YEAR	
Mailing Address 4526 Millett Street						\$ 60.00
City Philadelphia	State PA	Zip Code (Plus 4) 19136	6	10	2019	
Full Name of Contributor Claudia Johnson			МО	DAY	YEAR	
Mailing Address 511 S. 48th Street				10	2010	\$ 60.00
City Philadelphia	State PA	Zip Code (Plus 4) 19143	6	10	2019	
Full Name of Contributor Miquon Wilson			мо	DAY	YEAR	
Mailing Address 319 W Champlost A	Ave					\$ 60.00
City Philadelphia	State PA	Zip Code (Plus 4) 19120	6	10	2019	

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

PAGE TOTAL \$ 660.00

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 Sche	dule 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	te			Rep	orting Pe	riod				
				Fror	m:		To) :		
					D	ATE			AMOUNT	i
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	s 4)						
Employer Name					Occupa	tion				
Employer Mailing Address/Principal P Business	Place of		City		•	State		Zip (Code (Plus	: 4)
Enter Grand Total of Part C on Sc	hedule I, Detailed	l Sumr	mary Page,	Section	on 3.			\$	PAGE TO	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 Ca	ndidate		Repor	ting Perio	od			
			Reporting Period From: DATE MO DAY		To:			
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•				•	•	
Enter Grand Total of Part E on	Schedule T Detailed	l Summary Page	Section	4			ı	PAGE TOTAL
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	. Janimary rage,	Section				\$	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>5/7/2019</u> To:	6/10/2019
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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	ate		Reporting	g 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 Candidate	1				Re	porting l	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
Fraternal Order of Police Lodge	: 5		From	<u>5/</u>	7/2019	То:	6/10/2019
				DATE			AMOUNT
To Whom Paid Kennedy Printing			МО	DAY	YEAR		
Mailing Address 5534 Baltim	ore Ave		5	7	2019	\$	1,510.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>	
	PA	19143		g Services			
To Whom Paid Citizens for Jewell Williams			МО	DAY	YEAR		
Mailing Address PO Box 2234	1 7		5	8	2019	\$	5,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19110	Descrip Contrib	otion of Exp oution	enditure	!	
To Whom Paid Kennedy Printing			мо	DAY	YEAR		
Mailing Address 5534 Baltim	ore Ave		5	8	2019	\$	272.00
City Philadelphia	State PA	Zip Code (Plus 4) 19143	Descrip Printing	otion of Exp	penditure		
To Whom Paid Taubenberger for Philadelphia	·		МО	DAY	YEAR		
Mailing Address P.O. Box 58	017		5	8	2019	\$	500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Descrip Contrib	otion of Exp oution	penditure		
To Whom Paid Dan Tinney for City Council			МО	DAY	YEAR		
Mailing Address 10933 Carey	/ Plaza		5	8	2019	\$	2,000.00

Zip Code (Plus 4)

19154

Description of Expenditure

Contribution

State

PΑ

City

Philadelphia

						I		
To Whom Paid Friends of Farnese			МО	DAY	YEAR			
Mailing Address P.O. Box 22	596		5	8	2019	\$		1,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19110	Descrip Contrib	otion of Exp ution	enditure			
To Whom Paid Buck County Democratic Comitt	tee		мо	DAY	YEAR			
Mailing Address 44 E Court S	Street		5	8	2019	\$		1,000.00
City Doylestown	State PA	Zip Code (Plus 4) 18901	Descrip Contrib	otion of Exp ution	enditure			
To Whom Paid Republican River Ward PAC			мо	DAY	YEAR			
Mailing Address 2627 Lehigh	Ave		5	13	2019	\$		500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19125	Description of Expenditure Contribution					
To Whom Paid			мо	DAY	YEAR			
Bobby11								
Mailing Address PO Box 2260)2		5	13	2019	\$		2,000.00
Mailing Address	O2 State PA	Zip Code (Plus 4) 19110		otion of Exp		\$		2,000.00
Mailing Address PO Box 2260	State		Descrip	otion of Exp		\$		2,000.00
Mailing Address PO Box 2260 City Philadelphia To Whom Paid	State PA		Descrip Contrib	otion of Exp ution	penditure	\$		2,000.00
Mailing Address PO Box 2260 City Philadelphia To Whom Paid Kennedy Printing	State PA		Descrip Contrib MO	DAY 17	YEAR 2019			
Mailing Address PO Box 2260 City Philadelphia To Whom Paid Kennedy Printing Mailing Address 5534 Baltim	State PA ore Ave	19110 Zip Code (Plus 4)	Descrip Contrib MO 5 Descrip	DAY 17	YEAR 2019			
Mailing Address PO Box 2260 City Philadelphia To Whom Paid Kennedy Printing Mailing Address 5534 Baltim City Philadelphia	State PA ore Ave State PA	19110 Zip Code (Plus 4)	MO 5 Descrip Printing	DAY 17 ption of Exp	YEAR 2019 Denditure			

							17.02 14
To Whom Paid Phila. Police Home Assoc.			МО	DAY	YEAR		
Mailing Address 11630 Caroline Rd			5	22	2019	\$	2,975.00
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure event				
	PA	19116					
To Whom Paid Fraternal Order of Police -Philadelphia Lodge # 5			МО	DAY	YEAR		
Mailing Address 1336 Spring Garden Street			5	29	2019	\$	4,294.00
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	19123	meeting				
To Whom Paid Committee to Re-Elect John Sabatina			МО	DAY	YEAR		
Mailing Address 7720 Castor Ave			6	7	2019	\$	1,000.00
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure Contribution				
	PA	19152					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
Enter Grand Total of Expend	aitures on Page 1, Re	port Cover Page, Item D	•			\$	26,331.80