

Commonwealth of Pennsylvania

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.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7. X	Year 2019	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR	51			
				11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		11	26	2019	TO	12	31	2019		
A. Amount Brought Forward From Last Report				\$		112,448.57				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		26,651.33				
C. Total Funds Available (Sum Of Lines A and B)				\$		139,099.90				
D. Total Expenditures (From Schedule III)				\$		0.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		139,099.90				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

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

My Commission Expires _____

MO DAY YR

Signature of Person Submitting Report

Printed Name

Email

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

My Commission Expires _____

MO DAY YR

Signature of Candidate

Printed Name

Email

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>11/26/2019</u> To: <u>12/31/2019</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 25,301.33

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)	\$ 950.00
TOTAL for the Reporting Period (2)	\$ 950.00

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)	\$ 400.00
TOTAL for the Reporting Period (3)	\$ 400.00

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.)	\$ 26,651.33
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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:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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

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	Reporting Period
Fraternal Order of Police Lodge 5	From: <u>11/26/2019</u> To: <u>12/31/2019</u>

				DATE	AMOUNT		
Full Name of Contributor Miquon Wilson				MO	DAY	YEAR	\$ 60.00
Mailing Address 319 W Champlost Ave				12	19	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19120					
Full Name of Contributor Claudia Johnson				MO	DAY	YEAR	\$ 60.00
Mailing Address 511 S. 48th Street				12	19	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19143					
Full Name of Contributor Deborah Gore				MO	DAY	YEAR	\$ 60.00
Mailing Address 4526 Millett Street				12	19	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19136					
Full Name of Contributor Hamilton Marshmond				MO	DAY	YEAR	\$ 60.00
Mailing Address 4416 Cartwithian Rd				12	19	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19136					
Full Name of Contributor Dawn Thomas				MO	DAY	YEAR	\$ 60.00
Mailing Address 7724 Woodlawn Ave				12	19	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19027					

Full Name of Contributor Sean Cahill				MO	DAY	YEAR	\$ 60.00
Mailing Address 3825 Chalfont Drive				12	19	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19154					
Full Name of Contributor Kenneth Downing				MO	DAY	YEAR	\$ 60.00
Mailing Address 440 Railroad Ave				12	19	2019	
City Ambler	State PA	Zip Code (Plus 4) 19002					
Full Name of Contributor Frank Emblen, IV				MO	DAY	YEAR	\$ 60.00
Mailing Address 5400 Wissahickon Avenue Unit 2				12	19	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19154					
Full Name of Contributor Malcolm McCoy				MO	DAY	YEAR	\$ 60.00
Mailing Address 1816 N. Taney St				12	19	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19121					
Full Name of Contributor Jeffrey Bascomb				MO	DAY	YEAR	\$ 60.00
Mailing Address 31202 Delaire Landing				12	19	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19114					
Full Name of Contributor Rita Siegman				MO	DAY	YEAR	\$ 100.00
Mailing Address 3502 Chadbury RD				12	2	2019	
City Mt Laurel	State PA	Zip Code (Plus 4) 08054					

Full Name of Contributor			MO	DAY	YEAR	\$	
Michael Sturner							250.00
Mailing Address 8946 Azalea Sands Lane			12	2	2019		
City Davenport	State FL	Zip Code (Plus 4) 33896					

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

PAGE TOTAL	
\$	950.00

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	
Mailing Address				\$ 0.00
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>11/26/2019</u> To: <u>12/31/2019</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Michael Lutz					
Mailing Address 608 Spring Hollow Drive				\$	400.00
City New Holland State PA Zip Code (Plus 4) 17557	12	12	2019		
Employer Name FOP 5				Occupation Retired officer	
Employer Mailing Address/Principal Place of Business 11630 Caroline Road	City Philadelphia		State PA	Zip Code (Plus 4) 19154	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 400.00

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: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
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 Fraternal Order of Police Lodge 5	Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</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 RECEIVED - 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: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$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		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 0.00

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate	Reporting Period
	From To:

	DATE			AMOUNT
To Whom Paid	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 0.00

