Campaign Finance Report

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

						rt By	<i>'</i> :	CA	NDI	DAIE		COM	AITTEE	Y	LUB	51131	
Name of Filing C	Committee, Candid	late or L	obbyist:	,	FRATE	RN	IAL (DRDE	R OI	F POLI	CE L	ODGE 5	;				
Street Address:																	
City:	PHILADELPHI	Α						State	e:	PA			Zip Co	de: 19	154		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.		BO DA		P	POST-	3.		AMENDN REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	5.2		30 DA		P	POST-	6.		TERMINATION REPORT?		Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2020	1				IG ME					PAPER		\checkmark	DISKE	TTE
Name of Office S	- Sought by Candida	te:						DAT	ΈO	F ELE	CTIC	N	District Number	Office Code	Pai	ty Code	County Code
								МО		DAY	Y	EAR		•	•		
									11		3	2020		(SEE IN	STRUCTI	ONS FOR O	CODES)
	Receipts and	МО	DAY	YEAR				МО		DAY	Y	EAR	FC	R OFFI	CE USE	ONLY	
Expenditures	from:		9 15	5 20	020	TC)		10		19	2020					
A. Amount Bro	ught Forward Fro	m Last R	eport		·		\$				206,	727.53					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$				14,	320.88					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				221,	048.41					
D. Total Expen	ditures (From Sch	edule II	I)				\$				21,	510.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$:	199,5	38.41					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	Schedu	le II)		\$					0.00					
G. Unpaid Debt	ts And Obligations	(From	Schedule I\	V)			\$					0.00					
					IDAV												
	s a Committee rep) that this report, inc	-	_									_		f my knov	wledge	and belie	ef , true
•	cribed before me thi	s										Signature	of Perso	n Submitt	tina Rei	nort	
	day of		_ 20												9		
	Signatu	ire											Prin	ted Name	•		
My Commission Ex									'			_	Ema				
	МО		AY	YR							ea Co	de	Daytin	ie Teleph	one Nu	mber	
	a report of a can				•					_						(5.	4000
No 320) as amende		ny knowi	eage and bei	ier this	politica	агс	omm	ittee r	ias n	ot viola	ted ar	ny provis	ions of th	e act or Ji	une 3,1	937 (P.L	. 1333,
SWOFN TO AND SUBSC	ribed before me this day of		20									S	ignature (of Candida	ate		
						_							Printe	d Name			
My Commission Exp	Signature pires					_			,				Ema	il			
	МО	D	AY	YR						Area	Code		D	aytime To	elephor	ne Numbe	er

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>9/15/202</u>	<u>:0</u> To:	10/19/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	13,995.88
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)			\$	325.00
TOTAL for the Reporting	y Period	(2)	\$	325.00
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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
			1	
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			\$	14,320.88

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 Ca	Reporting Period						
		F	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Comm	ittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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)

Nan	Name of Filing Committee or Candidate				orting P	eriod			
FR.A	FRATERNAL ORDER OF POLICE LODGE 5				m:	9/15	o:	<u>10/19/2020</u>	
						DATE			AMOUNT
Full N	ame of Contributor				мо	DAY	YEAR		
Micha	el Sturner				1-10	DAI	ILAK		
Mailin	g Address							\$	250.00
City	Davenport	State	Zip Code (Plus 4)	10	6	2020		
		FL	33896-8136						
Full N	ame of Contributor				МО	DAY	YEAR		
Micha	el Shellenberger				1-10	DAI	ILAK		
Mailin	g Address							\$	50.00
City	Philadelphia	State	Zip Code (Plus 4)	10	6	2020		
		PA	19128						
Full N	ame of Contributor				мо	DAY	YEAR		
Micha	el Shellenberger				1410	DAI	ILAK		
Mailin	g Address							\$	25.00
City	Philadelphia	State	Zip Code (Plus 4)	10	6	2020		
		PA	19128						

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

PAGE TOTAL
\$ 325.00

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		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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 Candidate			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE 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	ing Perio	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address		_					
City	State	Zip Code (Plus 4)				
Receipt Description	•	•			•	•	
		_		_			PAGE TOTAL
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary Page,	Section	4.			\$ 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	d	
FRATERNAL ORDER OF POLICE LODGE 5	From:	<u>9/15/2020</u> To:	10/19/2020
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 Candi	Reporting Period						
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•	•		
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
FRATERNAL ORDER OF POLICE LODGE 5	From	9/15/2020	То:	10/19/2020

			DATE			AMOUNT		
To Whom Paid			МО	DAY	YEAR			
State FOP PAC Fund Mailing Address			МО					
			9	15	2020	\$	10,000.00	
City Mechanicsburg	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17055	Contribution					
To Whom Paid			МО	DAY	YEAR			
Friends of Drew Murray								
Mailing Address			10	7	2020	\$	2,500.00	
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	19103	Contribution					
To Whom Paid			МО	DAY	YEAR			
Kennedy Printing Company			1-10					
Mailing Address			10	12	2020	\$	1,510.00	
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19143	Payment for lawn signs for Martina White					
To Whom Paid			МО	DAY	YEAR			
Bobby II			110					
Mailing Address			10	15	2020	\$	2,500.00	
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19111	Contribution					
To Whom Paid			МО	DAY	YEAR			
Friends of Martina White			140		ILAK			
Mailing Address			10	15	2020	\$	5,000.00	
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
	PA	19114	Contribution					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
Enter Grand Total of Ex	penditures on Page 1, Re	port Cover Page, Item D) .			\$	21,510.00	
							*	