

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:										
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.X	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.	Year 2024	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	
				MO	DAY	YEAR				
				11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		FOR OFFICE USE ONLY			
		3	5	2024	4					
A. Amount Brought Forward From Last Report				\$ 156,417.28						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 22,714.67						
C. Total Funds Available (Sum Of Lines A and B)				\$ 179,131.95						
D. Total Expenditures (From Schedule III)				\$ 5,500.00						
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 173,631.95						
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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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>3/5/2024</u> To: <u>4/8/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 21,851.86

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)	\$ 835.00
TOTAL for the Reporting Period (2)	\$ 835.00

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)	\$ 27.81

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.)	\$ 22,714.67
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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>3/5/2024</u> To: <u>4/8/2024</u>

				DATE		AMOUNT	
Full Name of Contributor Rebekah Anderson				MO	DAY	YEAR	\$ 25.00
Mailing Address				3	6	2024	
City	Philadelphia	State	Zip Code (Plus 4)				
		PA	19151				
Full Name of Contributor Rebekah Anderson				MO	DAY	YEAR	\$ 25.00
Mailing Address				3	20	2024	
City	Philadelphia	State	Zip Code (Plus 4)				
		PA	19151				
Full Name of Contributor Rebekah Anderson				MO	DAY	YEAR	\$ 25.00
Mailing Address				4	3	2024	
City	Philadelphia	State	Zip Code (Plus 4)				
		PA	19151				
Full Name of Contributor Miquon Wilson				MO	DAY	YEAR	\$ 20.00
Mailing Address				3	6	2024	
City	Philadelphia	State	Zip Code (Plus 4)				
		PA	19120				
Full Name of Contributor Miquon Wilson				MO	DAY	YEAR	\$ 20.00
Mailing Address				3	20	2024	
City	Philadelphia	State	Zip Code (Plus 4)				
		PA	19120				
Full Name of Contributor Miquon Wilson				MO	DAY	YEAR	\$ 20.00
Mailing Address				4	3	2024	
City	Philadelphia	State	Zip Code (Plus 4)				
		PA	19120				
Full Name of Contributor Claudia Johnson				MO	DAY	YEAR	\$ 20.00
Mailing Address				3	6	2024	
City	Philadelphia	State	Zip Code (Plus 4)				
		PA	19143				

Full Name of Contributor Claudia Johnson			MO	DAY	YEAR	\$ 20.00
Mailing Address			3	20	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19143				

Full Name of Contributor Claudia Johnson			MO	DAY	YEAR	\$ 20.00
Mailing Address			4	3	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19143				

Full Name of Contributor Deborah Gore			MO	DAY	YEAR	\$ 20.00
Mailing Address			3	6	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19136				

Full Name of Contributor Deborah Gore			MO	DAY	YEAR	\$ 20.00
Mailing Address			3	20	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19136				

Full Name of Contributor Deborah Gore			MO	DAY	YEAR	\$ 20.00
Mailing Address			4	3	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19136				

Full Name of Contributor Hamilton Marshmond			MO	DAY	YEAR	\$ 20.00
Mailing Address			3	6	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19136				

Full Name of Contributor Hamilton Marshmond			MO	DAY	YEAR	\$ 20.00
Mailing Address			3	20	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19136				

Full Name of Contributor Hamilton Marshmond			MO	DAY	YEAR	\$ 20.00
Mailing Address			4	3	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19136				

Full Name of Contributor Dawn Thomas			MO	DAY	YEAR	\$ 20.00
Mailing Address			3	6	2024	
City Elkins Park	State PA	Zip Code (Plus 4) 19027				

Full Name of Contributor Dawn Thomas			MO	DAY	YEAR	\$ 20.00
Mailing Address			3	20	2024	
City Elkins Park	State PA	Zip Code (Plus 4) 19027				

Full Name of Contributor Dawn Thomas			MO	DAY	YEAR	\$ 20.00
Mailing Address			4	3	2024	
City Elkins Park	State PA	Zip Code (Plus 4) 19027				

Full Name of Contributor Kenneth Downing			MO	DAY	YEAR	\$ 20.00
Mailing Address			3	6	2024	
City Ambler	State PA	Zip Code (Plus 4) 19002				

Full Name of Contributor Kenneth Downing			MO	DAY	YEAR	\$ 20.00
Mailing Address			3	20	2024	
City Ambler	State PA	Zip Code (Plus 4) 19002				

Full Name of Contributor Kenneth Downing			MO	DAY	YEAR	\$ 20.00
Mailing Address			4	3	2024	
City Ambler	State PA	Zip Code (Plus 4) 19002				

Full Name of Contributor Phillip Mulligan			MO	DAY	YEAR	\$ 100.00
Mailing Address			4	3	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19119				

Full Name of Contributor Frank Emblen IV			MO	DAY	YEAR	\$ 20.00
Mailing Address			3	6	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19144				

Full Name of Contributor Frank Emblen IV			MO	DAY	YEAR	\$ 20.00
Mailing Address			3	20	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19144				

Full Name of Contributor Frank Emblen IV			MO	DAY	YEAR	\$ 20.00
Mailing Address			4	3	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19144				

Full Name of Contributor Malcolm McCoy			MO	DAY	YEAR	\$ 20.00
Mailing Address			3	6	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19121				
Full Name of Contributor Malcolm McCoy			MO	DAY	YEAR	\$ 20.00
Mailing Address			3	20	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19121				
Full Name of Contributor Malcolm McCoy			MO	DAY	YEAR	\$ 20.00
Mailing Address			4	3	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19121				
Full Name of Contributor Jeffrey Bascomb			MO	DAY	YEAR	\$ 20.00
Mailing Address			3	6	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19114				
Full Name of Contributor Jeffrey Bascomb			MO	DAY	YEAR	\$ 20.00
Mailing Address			3	20	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19114				
Full Name of Contributor Jeffrey Bascomb			MO	DAY	YEAR	\$ 20.00
Mailing Address			4	3	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19114				
Full Name of Contributor Hayden McKinstry			MO	DAY	YEAR	\$ 20.00
Mailing Address			3	6	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19154				
Full Name of Contributor Hayden McKinstry			MO	DAY	YEAR	\$ 20.00
Mailing Address			3	20	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19154				
Full Name of Contributor Hayden McKinstry			MO	DAY	YEAR	\$ 20.00
Mailing Address			4	3	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 19154				

Full Name of Contributor				MO	DAY	YEAR	\$20.00
Lymarys Rodriguez							
Mailing Address				3	6	2024	
City	Philadelphia	State	Zip Code (Plus 4)				
		PA	19135				

Full Name of Contributor			MO	DAY	YEAR	\$ 20.00
Lymarys Rodriguez						
Mailing Address			3	20	2024	
City	Philadelphia	State PA				Zip Code (Plus 4) 19135

Full Name of Contributor				MO	DAY	YEAR	\$20.00
Lymarys Rodriguez							
Mailing Address				4	3	2024	
City	Philadelphia	State	Zip Code (Plus 4)				
		PA	19135				

PAGE TOTAL

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

\$ 835.00

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				
Mailing Address				
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.	PAGE TOTAL \$ 0.00
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			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	

PAGE TOTAL	
\$	0.00

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 FRATERNAL ORDER OF POLICE LODGE 5	Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</u>
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				DATE			AMOUNT	
Full Name				MO	DAY	YEAR	\$	27.81
Philadelphia Federal Credit Union								
Mailing Address								
City		State	Zip Code (Plus 4)					
Philadelphia		PA	19154	3	31	2024		
Receipt Description								
Interest								

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 27.81

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>3/5/2024</u> To: <u>4/8/2024</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 RECIEVED - 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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
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	

