

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		2004233		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> FRATERNAL ORDER OF POLICE LODGE 5												
<b>Street Address:</b> 1336 SPRING GARDEN ST												
<b>City:</b> PHILADELPHIA						<b>State:</b> PA			<b>Zip Code:</b> 19123-3295			
<b>TYPE OF REPORT</b>  (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 2005		<b>FILING METHOD ( ) CHECK ONE</b>		<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						11	8	2005				
									(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		1	1	1		12	31	2005				
<b>A. Amount Brought Forward From Last Report</b>						\$ 0.00						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 2,320.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 2,320.00						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 18.85						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 2,301.15						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRATERNAL ORDER OF POLICE LODGE 5	<b>From:</b> <b>To:</b> <u>12/31/2005</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	<b>\$ 890.00</b>

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	<b>\$ 0.00</b>
<b>All Other Contributions (Part B)</b>	<b>\$ 1,430.00</b>
<b>TOTAL for the Reporting Period (2)</b>	<b>\$ 1,430.00</b>

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	<b>\$ 0.00</b>
<b>All Other Contributions (Part D)</b>	<b>\$ 0.00</b>
<b>TOTAL for the Reporting Period (3)</b>	<b>\$ 0.00</b>

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	<b>\$ 0.00</b>

<b>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.)</b>	<b>\$ 2,320.00</b>
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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)**

<b>Name of Filing Committee or Candidate</b> FRATERNAL ORDER OF POLICE LODGE 5	<b>Reporting Period</b> <b>From:</b> <b>To:</b> <u>12/31/2005</u>
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<b>DATE</b>	<b>AMOUNT</b>
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Full Name of Contributor ROBERT V. EDDIS			MO	DAY	YEAR	\$ 200.00
Mailing Address 10926 HELFIN ROAD			7	7	2005	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19154				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
JOSEPH J. BOTTO						
Mailing Address 3329 ROCKY AVENUE			7	5	2005	
City SPRING HILL	State FL	Zip Code (Plus 4) 34607				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
ANTHONY C. DIGNEO						
Mailing Address 3218 S. JUNIPER STREET			6	30	2005	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191485248				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
ANDREW SUTOR						
Mailing Address 405 N. EXETER AVENUE			6	30	2005	
City MARGATE CITY	State NJ	Zip Code (Plus 4) 084021867				

Full Name of Contributor			MO	DAY	YEAR	\$	55.00
GEORGE A. GRAEFF							
Mailing Address			6	30	2005		
614 S. RT 9 UNIT 7							
City	CAPE MAY COURT HOUSE	State	Zip Code (Plus 4)				
		NJ	08210				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
MICHAEL G. LUTZ						
Mailing Address 822 W. MAPLE AVENUE			6	30	2005	
City LANGHORNE	State PA	Zip Code (Plus 4) 190472665				

Full Name of Contributor WALTER M. STUCHKO				MO	DAY	YEAR	\$ 75.00
Mailing Address 304 TAVISTOCK				6	30	2005	
City CHERRY HILL	State NJ	Zip Code (Plus 4) 080344020					

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
JOSEPH A. GALEONE							
Mailing Address 7904 FARNSWORTH STREET				6	30	2005	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191523434					

Full Name of Contributor				MO	DAY	YEAR	\$100.00
JOSEPH E. LIBBY							
Mailing Address7710 WATSON STREET				9	2	2005	
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	19111				

Full Name of Contributor ANDREW J. HARLEY, JR.			MO	DAY	YEAR	\$ 250.00
Mailing Address 8621 STEEPLE DRIVE			10	11	2005	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191281947				

Full Name of Contributor			MO	DAY	YEAR	\$ 250.00
ANDREW J. HARLEY, JR.						
Mailing Address 8621 STEEPLE DRIVE						
City	PHILADELPHIA	State	12	15	2005	
		PA				
		Zip Code (Plus 4)				
		191281947				

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

**PAGE TOTAL**

\$ 1,430.00

**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	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

<b>PAGE TOTAL</b>
\$ 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	Reporting Period
	From: <span style="float: right;">To:</span>

				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)		

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

<b>PAGE TOTAL</b>
\$ 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	Reporting Period
	From: To:

DATE				AMOUNT
Full Name				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Receipt Description				

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

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRATERNAL ORDER OF POLICE LODGE 5		<b>From:</b>	<b>To:</b> <u>12/31/2005</u>
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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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.							<b>PAGE TOTAL</b>  \$ 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	



