Campaign Finance Report

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

Filer Identificat	tion	233		Report		CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST				
Number : Name of Filing	Committee, Ca	andida	te or Lo	obbvist:		Filed E	-	 ORDER O	E POLT	CELO		5					
						1101121											
Street Address	:																
City:	PHILADE	LPHIA	L					State:	PA			Zip Code: 19154					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIM		POST- 3. X			AMENDN REPORT	Yes	Ν	0	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	2ND FRIDA ELECTION	Y PRI	E- 5.	30 D/ ELEC		POST- 6.			TERMIN REPORT	Yes	N	0	\checkmark	
report type)	ANNUAL REF	PORT	7.	Year 2025				NG METHO CHECK O				PAPER		\checkmark	DISK	ETTE	
Name of Office	Sought by Car	didat	e.					DATE O	F ELE	СТІО	N	District	Office	Par	ty Cod		
	bought by cu	laiaa						мо	DAY	YE	AR	Number	Code			Cod	
								11		4	2025		(SEE INS	TRUCTI	ONS FOI	CODES	5)
Summary of Receipts and MO DAY YEAR								мо	DAY	YE	AR	FC	R OFFIC	E USE	ONLY	•	
Expenditure	s from:			5 6	2	025 T	0	6		9	2025						
A. Amount Bro	ought Forward	l From	Last R	eport			\$			373,7	01.19	1					
B. Total Mone	tary Contribut	ions A	nd Rec	eipts (Fron	n Sche	edule I)	\$		18,297.23								
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B)								:	391,9	98.42						
D. Total Expe	nditures (From	1 Sche	dule II	I)			\$			36,2	00.00						
E. Ending Cas	h Balance (Sul	btract	Line D	From Line	C)		\$			355,7	98.42						
F. Value Of In	-Kind Contribu	utions	Receive	ed (From S	chedu	le II)	\$				0.00	1					
G. Unpaid Deb	ots And Obliga	tions ((From S	chedule I	/)		\$				0.00						
					AFF	IDAVI	T SE	CTION									
PART I - If this		-		-								-					
I swear (or affirn correct and comp		rt, inclu	iding the	attached so	hedule	s filed on	paper	or by elect	ronic me	edium	, are to	the best o	f my knov	vledge	and be	lief , tı	'ue
Sworn to and sub	scribed before n day of	ne this		20						s	ignatur	e of Perso	n Submitt	ing Rep	oort		—
							_					Prin	ted Name				—
My Commission I		gnatur	e									Ema	il				-
	мо		DA	AY	YR		_		Are	ea Cod	e	Daytin	e Teleph	one Nu	mber		—
Part II- If this is	s a report of a	a candi	idate's	authorized	Comr	nittee, C	andid	ate shall	sign he	ere.							
I swear (or affirm No 320) as amend		st of m	y knowle	edge and bel	ief this	s political	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P	L. 133	з,
Sworn to and subs		e this									s	ignature	of Candida	ite			-
	day of						_					Print	d Name				_
	Signa	ature					-					Finte					
My Commission Ex												Ema	il				_
	м	0	D/	AY	YR	ł	-		Area	Code		D	aytime Te	elephon	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRATERNAL ORDER OF POLICE LODGE 5 From: <u>5/6/2025</u> **To:** <u>6/9/2025</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 18,168.88 **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 66.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 66.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 62.35 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 18,297.23 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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						
F				From: To:						
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	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)										
Nan	e of Filing Committee or Candida	te		Rep	oorting Po	eriod					
					From: <u>5/6/2025</u> To: <u>6/9</u>						
	DATE								AMOUNT		
	ame of Contributor SHA MATTHEWS				мо	DAY	YEAR				
Mailin	g Address							\$	33.00		
City	LANCASTER	State PA	Zip Code (Plus 4 17603)	5	14	2025				
	ame of Contributor SHA MATTHEWS				мо	DAY	YEAR				
Mailin	g Address							\$	33.00		
City	LANCASTER	State PA	Zip Code (Plus 4 17603)	5	28	2025				
									PAGE TOTAL		
E	nter Grand Total of Part A on	Schedule I, Detaile	ed Summary Pag	je, S	ection 2	-		\$	66.00		

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		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00	
Mailing Address] *	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	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 Ro				Reporting Period					
			Froi	n:		Т):		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE 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 Repo					porting Period					
FRATERNAL ORDER OF POLICE LODGE 5 From:					<u>5/6/202</u>	<u>5</u> To:	<u>6/9/2025</u>			
				D	ATE			AMOUNT		
Full Name Philadelphia Federal Credit Un	ion			мо	DAY	YEAR	\$	62.35		
Mailing Address				5	31	2025				
City Philadelphia	State PA	Zip Code (19154	Plus 4)		51	2023				
Receipt Description INTER	REST			1						
				_		ſ		PAGE TOTAL		
Enter Grand Total of Part E o	on Schedule I, Detailed	Summary Page,	Section	4.			\$	62.35		

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 Perio	d	
FRATERNAL ORDER OF POLICE LODGE 5	From:	<u>5/6/2025</u> то:	<u>6/9/2025</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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, 3		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
F						То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						7 \$	0.0	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	-	- !					
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind C	Contributions Deta	iled Sum	mary Pag	ie,		PAGE TOTAL	
						\$	0.0	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period				
						То:		
					DATE		АМО	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code(Plus 4)						
Employer of Contributor	L			Occupa	ation			
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Cont	ribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			ΡΑ	6E TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name	of Filing Committee or Cand	idate			Reporting Period						
FRATE	RNAL ORDER OF POLICE LO	DDGE 5			From	<u>5/</u>	<u>6/2025</u>	То:	<u>6/9/2025</u>		
R				ľ		DATE			AMOUNT		
To Who	om Paid				мо	DAY	YEAR				
NORTH	EAST DEMOCRATIC CLUB										
Mailing	Address				5	8	2025	\$	15,000.00		
City	PHILADELPHIA	State	Zip Code (F	Plus 4)	Description of Expenditure						
		PA	19154		DONATION						
To Who	om Paid				мо	DAY	YEAR				
CENTE	R CITY VOTERS										
Mailing	Address				5	20	2025	\$	5,000.00		
City	PHILADELPHIA	State	Zip Code (F	Plus 4)	Descrip	tion of Exp	enditure				
		PA	19130		DONAT	ION					
To Who	om Paid				мо	DAY	YEAR				
CITIZE	NS FOR AMEN BROWN										
Mailing Address				5	20	2025	\$	5,000.00			
City	PHILADELPHIA	State	Zip Code (F	lus 4)	Descrip	tion of Exp	enditure	•			
		PA	19101		DONAT	ION					
To Who	om Paid				мо	DAY	YEAR				
KEVIN	DOUGHERTY FOR PA				MO						
Mailing	Address				5	28	2025	\$	5,000.00		
City	PHILADELPHIA	State	Zip Code (F	lus 4)	Descrip	tion of Exp	enditure				
		PA	19102		DONATION						
To Who	om Paid				мо	DAY	VEAD				
KEVIN	DOUGHERTY FOR PA				мо	DAY	YEAR				
Mailing	Address				5	28	2025	\$	5,000.00		
City	PHILADELPHIA	State	Zip Code (F	Plus 4)	Descrip	tion of Exp	enditure				
		PA	19102		DONAT	ION					
To Who	om Paid				мо	DAY	YEAR				
Baratz	& Associates, P.A.				MO						
Mailing	Address				5	14	2025	\$	1,200.00		
City Marlton State Zip Code (Plus 4)			Descrip	tion of Exp	enditure						
NJ 08053			ACCOUNTING FEES								
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I							PAGE TOTAL			
Enter	Grand Total of Expenditu	ires on Page 1, R	eport Cover Page,	Item D).			\$	36,200.00		