Campaign Finance Report

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

Filer Identificat Number :	tion 2(04233			Report Filed B		CANDI	DATE	•	сомм	ITTEE	✓	LOBE	BYIST		
Name of Filing	Committee, Can	didate or L	obbyist:			-	DRDER O	F POLI		GE 5					1	
Street Address	:															
City:	PHILADELP	PHIA					State:	PA			Zip Code: 19123-3295					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.				30 DA PRIM		POST- 3.			AMENDM REPORT		Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					AY I FION	POST- 6.			TERMIN/ REPORT		Yes	No	\checkmark	
report type)	ANNUAL REPO	RT 7.	Year 20	010			NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE	
Name of Office	 Sought by Cand	idate:					DATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code	
							мо	DAY	YEA	R					51	
							11		2 2	2010		(SEE INS	TRUCTI	ONS FOR (CODES)	
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YEA	R	FC	R OFFIC	E USE	ONLY		
Expenditure	s from:		1	1 2	010 T	0	5	5	3 2	2010						
A. Amount Bro	ought Forward F	rom Last F	Report			\$			2,31	2.46						
B. Total Mone	tary Contributio	ns And Red	ceipts (F	rom Sche	dule I)	\$			39	0.00						
C. Total Funds	s Available (Sum	Of Lines A	A and B)			\$			2,70	2.46						
D. Total Expe	nditures (From S	chedule I	[])			\$			100	0.00						
E. Ending Cas	h Balance (Subt	ract Line D	From Li	ine C)		\$			2,602	2.46						
F. Value Of In	-Kind Contributi	ons Receiv	ved (Froi	m Schedu	le II)	\$			(0.00						
G. Unpaid Deb	ots And Obligatio	ons (From	Schedule	e IV)		\$			(0.00						
				AFF	IDAVI	T SE	CTION									
	is a Committee in that this report,	• •		-				• •		-		f my knou	vledge	and holi	of true	
correct and comp				u schedule:	s meu on	рареі	or by elect	nome me	euluili, a		lie best o	i iliy kilov	vieuge		er, true	
Sworn to and sub	oscribed before me day of	this	20						Sigi	nature	of Perso	n Submitt	ing Rep	ort		
						-					Prin	ted Name				
My Commission I	-	ature									Ema	il				
	мо	D	YAY	YR		-		Are	ea Code		Daytim	e Teleph	one Nu	mber		
Part II- If this is	s a report of a c	andidate's	authori	zed Comn	nittee, C	andid	ate shall	sign he	ere.							
I swear (or affirm No 320) as amend) that to the best led.	of my knowl	ledge and	belief this	political	comm	ittee has n	iot violat	ted any p	provisi	ons of th	e act of Ju	ine 3,19	937 (P.L	. 1333,	
Sworn to and subscribed before me this										Si	gnature (of Candida	ite			
day of 20						_					Printe	d Name				
My Commission Ex	Signatu	ire				-					Ema	il				
,						_										
	МО	D	YAY	YR				Area	Code		D	aytime Te	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRATERNAL ORDER OF POLICE LODGE 5 From: <u>1/1/2010</u> **To:** <u>5/3/2010</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 290.00 \$ **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)** 100.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 100.00 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) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 390.00 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						
				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)										
Name of Filing Committee or Candidate Reporting Period										
FRATERNAL ORDER OF POLICE LODGE 5				From: <u>1/1/2010</u>				<u>5/3/2010</u>		
					DATE			AMOUNT		
Full Name of Contributor JAMES A. DOLAN				мо	DAY	YEAR				
Mailing Address							\$	100.00		
City OCALA	State	Zip Code (Plus 4	4)	4	6	2010				
	FL	34482								
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								100.00		

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		0.0		
Mailing Address							- \$	0.0		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						\$				

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:				m:			To:			
				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 Schedule I, Detailed Summary Page, Section 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	Name of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·	•					•			
		_						PAGE TO	TAL	
Enter Grand Total of Part E on Schedule I, Detailed Summary 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 Per	iod									
FRATERNAL ORDER OF POLICE LODGE 5	From:	<u>1/1/2010</u> To:	<u>5/3/2010</u>								
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	eriod (1)	\$	0.00								
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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, 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						
						То:			
	DATE			AMOUNT					
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
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:						
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address			-				\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor				Occupa	ation					
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption 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

Nam	Name of Filing Committee or Candidate				Reporting Period						
FRATERNAL ORDER OF POLICE LODGE 5				From	<u>1/</u>	<u>1/2010</u>	<u>5/3/2010</u>				
					DATE	AMOUNT					
To Whom Paid					DAY	YEAR					
FRIE	NDS OF THE 63RD WARD D	EMOCRATIC EXECUT	IVE COMMITTEE								
Maili	ng Address			4	20	2010	\$	100.00			
City	PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure							
		PA	19115	TICKET	S FOR FUN	DRAISER	R				
Ente	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							100.00			