Campaign Finance Report

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

Filer Identificati Number :	on 200)4233			Rep File			CAN	DII	DATE		COM	MITTEE LOBBYIST					
Name of Filing C	ommittee, Cand	idate or L	obbyist:		FRA	ΓER	NAL (ORDER	OF	POLI	CE LO	DDGE 5	<u>-</u>					
Street Address:																		
City:	PHILADELPH -	IIA						State:		PA		Zip Code: 19123-3295						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA		P	OST-	3. X		AMENDM REPORT?		Yes		lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	<u>-</u> 5	5.	30 DA		P	OST-	6.		TERMINA REPORT		Yes	Ī	lo	/
report type)	ANNUAL REPOR	T 7.	Year 2010					NG MET					PAPER		√	DIS	ETTE	
Name of Office S	ought by Candid	late:	_					DATE	0	F ELE	CTIO	N	District Number	Office Code	Pai	ty Coc	e Cou	
								МО		DAY	YE	AR			•		51	
									11		2	2010		(SEE INS	STRUCTI	ONS FO	R CODES	6)
	Receipts and	МО	DAY	YEAR	1			МО		DAY	ΥI	AR	FO	R OFFIC	E USE	ONL	1	
Expenditures	from:		1 1	2	010	Т	0		6		7	2010						
A. Amount Bro	ught Forward Fr	om Last F	Report				\$	_			2,6	02.46						
B. Total Monet	ary Contribution	s And Red	eipts (Fron	n Sche	dule	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 2,602.46																		
D. Total Expenditures (From Schedule III)								3	800.00									
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$				2,3	02.46						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From	Schedule IV	/)			\$					0.00						
				AFF	IDA	VI	T SE	CTIO	N									
PART I - If this is			_									_						
I swear (or affirm) correct and complete		icluding th	e attached sc	hedules	s filed	on	paper	or by el	ectr	onic me	edium	, are to t	he best o	f my knov	vledge	and be	elief , tr	ue
Sworn to and subs	cribed before me t day of	his	20						•		S	ignature	of Perso	n Submitt	ing Re	ort		
	Signa	ture					- -		•				Prin	ted Name				-
My Commission Ex	rpires						_		-				Ema	il				
	МО	D	AY	YR						Are	a Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nitte	e, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and beli	ief this	politi	ical	comm	ittee ha	s no	ot violat	ed an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P	.L. 133	3,
Sworn to and subsc		is	20									Si	ignature o	of Candida	ite			_
	day of						-						Printe	d Name				-
	Signatur	e					-		_									_
My Commission Exp	ires												Ema	il				
	МО	D	AY	YR			•			Area	Code		Da	aytime To	elephor	ne Nun	ıber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
FRATERNAL ORDER OF POLICE LODGE 5	From:	1/1/201	<u>0</u> To:	6/7/2010
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
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)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
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)	\$	0.00
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			\$	0.00

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 Candida	Name of Filing Committee or Candidate			Reporting Period							
			From:		То	:					
		•		DATE			AMOUNT				
Full Name of Contributing Committee			мо	DAY	YEAR						
Mailing Address	_					\$	0.00				
City	State	Zip Code (Plus 4)									

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

PAGE TOTAL
0.00

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.

Name of Filing Comn	nittee or Candidate		Repo	orting P	eriod			
			Fron	n:		To	o:	
		I			DATE			AMOUNT
Full Name of Contribut	or			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
	•					•		PAGE TOTAL
								TAGE TOTAL

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	ame of Filing Committee or Candidate		Reporting	Period				
			From:			То:		
				DA	TE		P	AMOUNT
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 Scheo	dule I, Detailed Sun	nmary Pa	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 Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Perio	od						
FRATERNAL ORDER OF POLICE LODGE 5	From:	<u>1/1/2010</u> To:	<u>6/7/2010</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR	l						
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,		\$	0.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	ndidate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
	nter Grand Total of Part F on Schedule II, In-Kind Contributions Det			ailed Summary Page,			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			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	riod		
FRATERNAL ORDER OF POLICE LODGE 5	From	1/1/2010	То:	6/7/2010

					DATE			AMOUNT
To Wi	nom Paid			МО	DAY	YEAR		
FRIEN	FRIENDS OF VANESSA LOWERY BROWN			140		ILAK		
Mailin	Mailing Address				17	2010	\$	300.00
City	PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	19131	CAMPAI	GN CONTE	RIBUTION	I	
<u> </u>								PAGE TOTAL
Enter	inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							300.00