

Commonwealth of Pennsylvania  
**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: 7900460		Report Filed By: <b>CANDIDATE</b> 1.		<b>COMMITTEE</b> 2. X		<b>LOBBYIST</b> 3.	
Name of Filing Committee, Candidate or Lobbyist: LOCAL 0500 POLITICAL ACTION FUND							
Street Address: 3460 N DELAWARE AVE SUITE 301							
City: PHILADELPHIA				State: PA		Zip Code: 19134	
TYPE OF REPORT	6th Tuesday Pre: Primary	1.	2nd Friday Pre: Primary	2. X	30 Day Post: Primary	3.	Amendment Report? YES NO X
	6th Tuesday Pre: Election	4.	2nd Friday Pre: Election	5.	30 Day Post: Election	6.	Termination Report? YES NO X
	Annual Report	7.	YEAR 2018				

Name of Office Sought by Candidate:	DATE OF ELECTION MO: 5 DAY: 15 YEAR: 2018	District Number:	Office Code:	Party Code:	County Code:
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Summary of Receipts and Expenditures from:	MO: 3 DAY: 27 YEAR: 2018	To	MO: 4 DAY: 30 YEAR: 2018	FOR OFFICE USE ONLY CITY COMMISSIONERS COUNTY SB. OF ELECTIONS 2018 MAY - 2 PM 3:41
	A. Amount Brought Forward From Last Report			
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ 1,643.54	
C. Total Funds Available (Sum of Lines A and B)			\$ 33,860.58	
D. Total Expenditures (From Schedule III)			\$ 535.72	
E. Ending Cash Balance (Subtract Line D from Line C)			\$ 33,324.86	
F. Value of In-Kind Contributions Received (From Schedule II)			\$ 0	
G. Unpaid Debts and Obligations (From Schedule IV)			\$ 0	

**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, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 2 day of May 2018

*William A Fitzgerald*  
 Signature of Person Submitting Report  
 William A Fitzgerald  
 Printed Name  
 215 Area Code 291-9540 Daytime Telephone Number

ALEXIS G. HEMBROW, Notary Public  
 City of Philadelphia, Philadelphia County  
 My commission expires MO: DAY: YEAR: 2019

**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  
 \_\_\_\_\_  
 Area Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

My commission expires MO: DAY: YEAR: \_\_\_\_\_

Department of State Bureau of Commissions, Elections and Legislation  
 210 North Office Building Harrisburg, PA 17120-0029 (717) 787-5280

Based on DSEB-502 (7-99)

SCHEDULE I  
**Contributions And Receipts**

Detailed Summary Page

Name of Filing Committee or Candidate LOCAL 0500 POLITICAL;ACTION FUND	Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>
<b>1 UNITEMIZED CONTRIBUTIONS AND RECEIPTS \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ 1,643.54
<b>2 CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 0
TOTAL for the Reporting Period (2)	\$ 0
<b>3 CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period (3)	\$ 0
<b>4 OTHER RECEIPTS, REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period (4)	\$ 0
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 Page 1, Report Cover Page, Item B.)	\$ 1,643.54

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 LOCAL 0500 POLITICAL;ACTION FUND			Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>		
Full Name of Contributing Committee			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Enter Grand Total of Part A on Schedule 1, Detailed Summary Page, Section 2.					Part A Total

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 LOCAL 0500 POLITICAL;ACTION FUND			Reporting Period From 03/27/2018 To 04/30/2018		
Full Name of Contributor			MO	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.					Part B 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 over \$250.00 in the reporting period .

Name of Filing Committee or Candidate LOCAL 0500 POLITICAL; ACTION FUND			Reporting Period From 03/27/2018 To 04/30/2018		
Full Name of Contributing Committee			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.					Part C Total

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 LOCAL 0500 POLITICAL;ACTION FUND			Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>	
Full Name of Contributor			MO DAY YEAR	
Mailing Address				
City		State	Zip Code (Plus 4)	
Employer Name			Occupation	
Employer Mailing Address /Principal Place of Business				
Full Name of Contributor			MO DAY YEAR	
Mailing Address				
City		State	Zip Code (Plus 4)	
Employer Name			Occupation	
Employer Mailing Address /Principal Place of Business				
Full Name of Contributor			MO DAY YEAR	
Mailing Address				
City		State	Zip Code (Plus 4)	
Employer Name			Occupation	
Employer Mailing Address /Principal Place of Business				
Full Name of Contributor			MO DAY YEAR	
Mailing Address				
City		State	Zip Code (Plus 4)	
Employer Name			Occupation	
Employer Mailing Address /Principal Place of Business				
Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.				Part D Total

**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 LOCAL 0500 POLITICAL;ACTION FUND			Reporting Period From 03/27/2018 To 04/30/2018	
Full Name			MO DAY YEAR	
Mailing Address				
City		State	Zip Code (Plus 4)	
Receipt Description				
Full Name			MO DAY YEAR	
Mailing Address				
City		State	Zip Code (Plus 4)	
Receipt Description				
Full Name			MO DAY YEAR	
Mailing Address				
City		State	Zip Code (Plus 4)	
Receipt Description				
Full Name			MO DAY YEAR	
Mailing Address				
City		State	Zip Code (Plus 4)	
Receipt Description				
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.				Part E Total

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 Committe or Candidate LOCAL 0500 POLITICAL;ACTION FUND	Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>
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**1 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the Reporting Period (1)	\$	0
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**2 IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the Reporting Period (2)	\$	0
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**3 IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250 (FROM PART G)**

TOTAL for the Reporting Period (3)	\$	0
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TOTAL VALUE OF IN -KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2 and 3; also enter this amount on Page 1, Report Cover Page , Item F.	\$	0
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**SCHEDULE II  
Part F  
In-kind Contributions Received**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate LOCAL 0500 POLITICAL; ACTION FUND			Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>		
Full Name of Contributor <span style="float:right">MO DAY YEAR</span>					
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor <span style="float:right">MO DAY YEAR</span>					
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor <span style="float:right">MO DAY YEAR</span>					
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor <span style="float:right">MO DAY YEAR</span>					
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>Part F Total</b>

SCHEDULE II  
Part G  
**In-kind Contributions Received**  
VALUE OVER \$250.00

Name of Filing Committee or Candidate LOCAL 0500 POLITICAL; ACTION FUND			Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>	
Full Name of Contributor			MO DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Employer of Contributor			Occupation	
Employer Mailing Address /Principal Place of Business			Description of Contribution	
Full Name of Contributor			MO DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Employer of Contributor			Occupation	
Employer Mailing Address /Principal Place of Business			Description of Contribution	
Full Name of Contributor			MO DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Employer of Contributor			Occupation	
Employer Mailing Address /Principal Place of Business			Description of Contribution	
Full Name of Contributor			MO DAY YEAR	
Mailing Address				
City	State	Zip Code (Plus 4)		
Employer of Contributor			Occupation	
Employer Mailing Address /Principal Place of Business			Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.				Part G Total

SCHEDULE III  
**Statement Of Expenditures**

Name of Filing Committee or Candidate LOCAL 0500 POLITICAL; ACTION FUND			Reporting Period From 03/27/2018 To 04/30/2018			
To Whom Paid TEAMSTERS JC 53 PAC			MO 4	DAY 4	YEAR 2018	\$ 96.00
Mailing Address 3460 N DELAWARE AVE SUITE 310						
City PHILADELPHIA		State PA	Zip Code (Plus 4) 19134			
Description of Expenditure PAC for April 2018						
To Whom Paid TEAMSTERS LOCAL UNION 500			MO 4	DAY 23	YEAR 2018	\$ 439.72
Mailing Address 3460 N DELAWARE AVE SUITE301						
City PHILADELPHIA		State PA	Zip Code (Plus 4) 19134			
Description of Expenditure Wages for PAC work April 2018						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					Schedule III Total \$ 535.72	

SCHEDULE IV

# Statement Of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period .

Name of Filing Committee or Candidate LOCAL 0500 POLITICAL;ACTION FUND				Reporting Period From 03/27/2018 To 04/30/2018	
Name of Creditor					Outstanding Balance of Debt
Mailing Address			Date Debt Incurred	MO DAY YEAR	[REDACTED]
City	State	Zip Code (Plus 4)			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address			Date Debt Incurred	MO DAY YEAR	[REDACTED]
City	State	Zip Code (Plus 4)			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address			Date Debt Incurred	MO DAY YEAR	[REDACTED]
City	State	Zip Code (Plus 4)			
Description of Debt					
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.					Schedule IV Total