
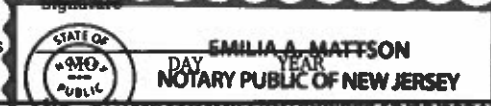


# Campaign Finance Report

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

|   |                          |                         |   |                         |                           |  |                     |                          |                     |   |  |
|---|--------------------------|-------------------------|---|-------------------------|---------------------------|--|---------------------|--------------------------|---------------------|---|--|
| <b>Filer Identification Number:</b>   | 9600254                  | <b>Report Filed By:</b> | CANDIDATE <sup>1.</sup>   | COMMITTEE <sup>2.</sup> | LOBBYIST <sup>3.</sup>    |  |                     |                          |                     |   |  |
| <b>Name of Filing Committee, Candidate or Lobbyist:</b><br>LOCAL 405 IRON WORKERS PAC   |                          |                         |   |                         |                           |  |                     |                          |                     |   |  |
| <b>Street Address:</b><br>2433 REED ST  |                          |                         |   |                         |                           |  |                     |                          |                     |   |  |
| <b>City:</b><br>PHILADELPHIA  |                          |                         | <b>State:</b><br>PA   |                         | <b>Zip Code:</b><br>19146 |  |                     |                          |                     |   |  |
| <b>TYPE OF REPORT</b>   | 6th Tuesday Pre-Primary  | 1.                      | 2nd Friday Pre-Primary  | 2.                      | 30 Day Post Primary       | 3. <input checked="" type="checkbox"/> | 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"/>   |  |
| Other   | Annual Report            | 7.                      | YEAR  | 2020                    |                           |  |                     |                          |                     |   |  |
| <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> |   |  |
|   |                          |                         | MO.   | DAY                     | YEAR                      |  |                     |                          |                     |   |  |
|   |                          |                         | 6   | 2                       | 2020                      |  |                     |                          | 51                  |   |  |
| <b>Summary of Receipts and Expenditures from:</b>   |                          |                         | MO.   | DAY                     | YEAR                      | To                                     | MO.                 | DAY                      | YEAR                | <div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><b>Phila, County</b></p> <p>JUL 10 2020</p> <p><b>Board of Elections</b></p> </div> |  |
|   |                          |                         | 5   | 19                      | 2020                      |  | 6                   | 22                       | 2020                |   |  |
| A. Amount Brought Forward From Last Report  |                          |                         |   |                         |                           | \$66,159.40                            |                     |                          |                     |   |  |
| B. Total Monetary Contributions and Receipts (From Schedule I)  |                          |                         |   |                         |                           | \$2,768.79                             |                     |                          |                     |   |  |
| C. Total Funds Available (Sum of Lines A and B)   |                          |                         |   |                         |                           | \$68,928.19                            |                     |                          |                     |   |  |
| D. Total Expenditures (From Schedule III)   |                          |                         |   |                         |                           | \$0.00                                 |                     |                          |                     |   |  |
| E. Ending Cash Balance (Subtract Line D from Line C)  |                          |                         |   |                         |                           | \$68,928.19                            |                     |                          |                     |   |  |
| F. Value of In-Kind Contributions Received (From Schedule II)   |                          |                         |   |                         |                           | \$0.00                                 |                     |                          |                     |   |  |
| G. Unpaid Debts and Obligations (From Schedule IV)  |                          |                         |   |                         |                           | \$0.00                                 |                     |                          |                     |   |  |
| <b>AFFIDAVIT SECTION</b>  |                          |                         |   |                         |                           |  |                     |                          |                     |   |  |
| <b>PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.</b>   |                          |                         |   |                         |                           |  |                     |                          |                     |   |  |
| 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  |                          |                         |   |                         |                           |  |                     |                          |                     |   |  |
| 7th day of July 20 20   |                          |                         | <br>Signature of Person Submitting Report<br>MARK DOZIE<br>Printed Name |                         |                           |  |                     |                          |                     |   |  |
| My Commission expires   |                          |                         | <br>EMILIA A. MATTSO<br>NOTARY PUBLIC OF NEW JERSEY                      |                         |                           | 215                                    |                     | 462-7300                 |                     |   |  |
|   |                          |                         |   |                         |                           | Area Code                              |                     | Daytime Telephone Number |                     |   |  |
| <b>AFFIDAVIT SECTION</b>  |                          |                         |   |                         |                           |  |                     |                          |                     |   |  |
| <b>PART II - If this is a report of a Candidate or Authorized Committee, candidate shall sign here.</b>   |                          |                         |   |                         |                           |  |                     |                          |                     |   |  |
| 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   |                          |                         | Signature of Person Submitting Report   |                         |                           |  |                     |                          |                     |   |  |
| My Commission expires   |                          |                         |   |                         |                           |  |                     |                          |                     |   |  |
|   |                          |                         |   |                         |                           | Area Code                              |                     | Daytime Telephone Number |                     |   |  |

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

**SCHEDULE I**  
**Contributions and Receipts**  
Detailed Summary Page

|   |  |
|---|--|
| Name of Filing Committee or Candidate:<br><b>LOCAL 405 IRON WORKERS PAC</b> | Reporting Period:<br>From <u>05/29/2020</u> To <u>05/29/2020</u> |
|---|--|

|   |                  |
|---|------------------|
| <b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b> |                  |
| <b>TOTAL for the Reporting Period (1)</b>   | <b>¤2,766.01</b> |

|  |              |
|--|--------------|
| <b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b> |              |
| Contributions Received from Political Committees (Part A)            | ¤0.00        |
| All Other Contributions (Part B)                                     | ¤0.00        |
| <b>TOTAL for the Reporting Period (2)</b>                            | <b>¤0.00</b> |

|  |              |
|--|--------------|
| <b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b> |              |
| Contributions Received from Political Committees (Part C)      | ¤0.00        |
| All Other Contributions (Part D)                               | ¤0.00        |
| <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>¤2.78</b> |

|  |                  |
|--|------------------|
| <b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b><br>(Add and enter amount totals from Boxes 1, 2, 3, and 4; Also enter this amount on Page 1, Report Cover Page, Item B.) | <b>¤2,768.79</b> |
|--|------------------|

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:<br>LOCAL 405 IRON WORKERS PAC         |  | Reporting Period:<br>From 05/29/2020 To 05/29/2020 |           |                             |                        |
| Full Name:<br>TD BANK  |  | MO.<br>5   | DAY<br>29 | YEAR<br>2020                | ¤2.78                  |
| Mailing Address:<br>253 S 5TH ST   |  |  |           |                             |                        |
| City:<br>PHILADELPHIA  |  | State:<br>PA                                       |           | Zip Code (Plus 4):<br>19147 |                        |
| Receipt Description:<br>Interest   |  |  |           |                             |                        |
| Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4. |  |  |           |                             | Part E Total:<br>¤2.78 |