



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 : 9700264		Report Filed By :	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST					
Name of Filing Committee, Candidate or Lobbyist: LOCAL 0013 BOILERMAKERS PAC										
Street Address: 2300 NEW FALLS RD										
City: NEWPORTVILLE			State: PA	Zip Code: 19056-3299						
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2021	FILING METHOD () CHECK ONE		PAPER		<input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate:			DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
			MO	DAY	YEAR					
			11	2	2021				(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:			MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY
			5	4	2021		6	7	2021	
A. Amount Brought Forward From Last Report					\$	85,327.74		COUNTY BD. OF ELECTIONS 2021 JUN 17 PM CITY COMMISSIONER		
B. Total Monetary Contributions And Receipts (From Schedule I)					\$	2,302.77				
C. Total Funds Available (Sum Of Lines A and B)					\$	87,630.51				
D. Total Expenditures (From Schedule III)					\$	1,000.00				
E. Ending Cash Balance (Subtract Line D From Line C)					\$	86,630.51				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$	0.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$	0.00				

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20____

Signature _____

My Commission Expires _____ MO _____ DAY _____ YR _____

John D Bland
 Signature of Person Submitting Report
 John D. Bland
 Printed Name
 office@boilermakers13.org
 215-785-5536
 Area Code Daytime Telephone Number

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 _____

My Commission Expires _____ MO _____ DAY _____ YR _____

Signature of Candidate _____
 Printed Name _____
 Email _____
 Area Code Daytime Telephone Number _____



Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.**

Name of Filing Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input checked="" type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.

John D Bland
 Signature of Treasurer, Candidate, or Lobbyist

John D. Bland
 Printed Name

6/17/2021
 Date (DD/MM/YYYY)

Newportville, PA USA
 Location (City/State/Country)

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
LOCAL 0013 BOILERMAKERS PAC	From: <u>5/4/2021</u> To: <u>6/7/2021</u>

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)	\$ 2,302.77

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 Page1, Report Cover Page, Item B.)		\$ 2,302.77
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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				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 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			
				From:		To:	
				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL	
\$	0.00

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: To:

Full Name of Contributing Committee	DATE			AMOUNT			
	MO	DAY	YEAR				
Mailing Address				\$ 0.00			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">City</td> <td style="width:25%;">State</td> <td style="width:50%;">Zip Code (Plus 4)</td> </tr> </table>	City	State	Zip Code (Plus 4)				
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 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	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE 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 LOCAL 0013 BOILERMAKERS PAC	Reporting Period From: <u>5/4/2021</u> To: <u>6/7/2021</u>
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Full Name	DATE			AMOUNT
	MO	DAY	YEAR	
3B Services				
Mailing Address P.O. BOX 15183	5	28	2021	\$ 40.41
City READING State PA Zip Code (Plus 4) 19612				
Receipt Description Voluntary Member Assessments				

Full Name	DATE			AMOUNT
	MO	DAY	YEAR	
Allied Power				
Mailing Address 400 CONVENTION ST, #320	5	28	2021	\$ 115.93
City BATON ROUGE State LA Zip Code (Plus 4) 70802				
Receipt Description Voluntary Member Assessments				

Full Name	DATE			AMOUNT
	MO	DAY	YEAR	
BHI Specialty Services				
Mailing Address 2005 NEWPOINT PKWY	5	28	2021	\$ 4.49
City LAWRENCEVILLE State GA Zip Code (Plus 4) 30043				
Receipt Description Voluntary Member Assessments				

Full Name	DATE			AMOUNT
	MO	DAY	YEAR	
BHI Specialty Services				
Mailing Address 2005 NEWPOINT PKWY	5	28	2021	\$ 700.16
City LAWRENCEVILLE State GA Zip Code (Plus 4) 30043				
Receipt Description Voluntary Member Assessments				

Full Name Bradley-Sciocchetti				MO	DAY	YEAR	\$ 2.60
Mailing Address P.O. Box 1278				5	28	2021	
City MERCHANTVILLE	State NJ	Zip Code (Plus 4) 08109					
Receipt Description Voluntary Member Assessments							
Full Name Cherne Contracting Corp				MO	DAY	YEAR	\$ 56.47
Mailing Address 3555 Farnam St				5	28	2021	
City Omaha	State NE	Zip Code (Plus 4) 68131					
Receipt Description Voluntary Member Assessments							
Full Name Day & Zimmerman				MO	DAY	YEAR	\$ 3.28
Mailing Address 1809 Olde Homestead Lane, #104				5	28	2021	
City Lancaster	State PA	Zip Code (Plus 4) 17601					
Receipt Description Voluntary Member Assessments							
Full Name Enerfab				MO	DAY	YEAR	\$ 529.91
Mailing Address 4430 CHICKERING AVE				5	28	2021	
City CINCINNATI	State OH	Zip Code (Plus 4) 45232					
Receipt Description Voluntary Member Assessments							
Full Name Hamon Custodis				MO	DAY	YEAR	\$ 8.50
Mailing Address 46 E. MAIN ST., SUITE 301				5	28	2021	
City SOMERVILLE	State NJ	Zip Code (Plus 4) 08876					
Receipt Description Voluntary Member Assessments							

Full Name Frank Lill & Son			MO	DAY	YEAR	\$ 95.31
Mailing Address 785 Old Dutch Rd			5	28	2021	
City Victor	State NC	Zip Code (Plus 4) 14564				
Receipt Description Voluntary Member Assessments						
Full Name McCarl's			MO	DAY	YEAR	\$ 30.57
Mailing Address 1413 NINTH AVE			5	28	2021	
City BEAVER FALLS	State PA	Zip Code (Plus 4) 15010				
Receipt Description Voluntary Member Assessments						
Full Name Nooter			MO	DAY	YEAR	\$ 358.20
Mailing Address 1500 S. 2ND ST			5	28	2021	
City ST. LOUIS	State MO	Zip Code (Plus 4) 63104				
Receipt Description Voluntary Member Assessments						
Full Name Riggs Distler			MO	DAY	YEAR	\$ 182.41
Mailing Address 4 Esterbrook Lane			5	28	2021	
City Cherry Hill	State NJ	Zip Code (Plus 4) 08003				
Receipt Description Voluntary Member Assessments						
Full Name JJ White			MO	DAY	YEAR	\$ 173.63
Mailing Address 5500 BINGHAM ST			5	28	2021	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19120				
Receipt Description Voluntary Member Assessments						

Full Name Citizens Bank			MO	DAY	YEAR	\$ 0.52
Mailing Address P.O. BOX 7000			5	31	2021	
City PROVIDENCE	State RI	Zip Code (Plus 4) 02940				
Receipt Description Interest						
Full Name PNC Bank			MO	DAY	YEAR	\$ 0.38
Mailing Address P.O. BOX 339			5	31	2021	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230				
Receipt Description Interest						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 2,302.77

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 Period	
LOCAL 0013 BOILERMAKERS PAC	From: <u>5/4/2021</u>	To: <u>6/7/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$ 0.00

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
Mailing Address						\$ 0.00
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.						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: _____ To: _____

				DATE	AMOUNT		
Full Name of Contributor			MO	DAY	YEAR	0.00	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor			Occupation				
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description 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

Name of Filing Committee or Candidate LOCAL 0013 BOILERMAKERS PAC	Reporting Period From <u>5/4/2021</u> To: <u>6/7/2021</u>
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	DATE			AMOUNT				
To Whom Paid	MO	DAY	YEAR					
P.L.A.N. Mailing Address c/o PA B.C.T.C, 904 N. 2nd St.	5	14	2021	\$ 1,000.00				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">City Harrisburg</td> <td style="width: 15%; padding: 2px;">State PA</td> <td style="width: 20%; padding: 2px;">Zip Code (Plus 4) 17102</td> <td style="width: 40%; padding: 2px;">Description of Expenditure Donations</td> </tr> </table>	City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Donations				
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure Donations					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 1,000.00				

