



# Campaign Finance Report

351268

(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 PRIMARY POST-	3. <input checked="" type="checkbox"/> <input type="checkbox"/>	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION POST-	6. <input checked="" type="checkbox"/> <input type="checkbox"/>	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	TO	6	7	2021		
A. Amount Brought Forward From Last Report				\$		85,327.74		COUNTY BD. OF ELECTIONS 2021 JUN 23 P 12 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  
Email

215-785-5536  
Area Code Daytime Telephone Number

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

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

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

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 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>	\$ 0.00

<b>3. Contributions Received 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>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 2,302.77

<b>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.)</b>	\$ 2,302.77
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## 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"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input checked="" type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 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)



**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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

			DATE	AMOUNT
<b>Full Name of Contributing Committee</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 0.00
<b>Mailing Address</b>				
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		

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

<b>PAGE TOTAL</b>
\$ 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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

	DATE		AMOUNT
<b>Full Name of Contributor</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>
<b>Mailing Address</b>			\$ 0.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>	

<b>PAGE TOTAL</b>
\$ 0.00

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

**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: <span style="float:right">To:</span>

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:30%;">City</td> <td style="width:20%;">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.

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

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

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

<b>PAGE TOTAL</b>
\$ 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.**

<b>Name of Filing Committee or Candidate</b> LOCAL 0013 BOILERMAKERS PAC	<b>Reporting Period</b> 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				
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				
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				
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				

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

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

<b>Full Name</b> Citizens Bank			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 0.52
<b>Mailing Address</b> P.O. BOX 7000			5	31	2021	
<b>City</b> PROVIDENCE	<b>State</b> RI	<b>Zip Code (Plus 4)</b> 02940				
<b>Receipt Description</b> Interest						

<b>Full Name</b> PNC Bank			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 0.38
<b>Mailing Address</b> P.O. BOX 339			5	31	2021	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15230				
<b>Receipt Description</b> Interest						

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

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
LOCAL 0013 BOILERMAKERS PAC		From: <u>5/4/2021</u>	To: <u>6/7/2021</u>
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period		(3)	\$ 0.00
<b>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.)</b>			<b>\$ 0.00</b>

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
<b>Mailing Address</b>							\$ 0.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>					
<b>Description of Contribution:</b>							
<b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b>							<b>PAGE TOTAL</b> \$ 0.00

**SCHEDULE II  
PART G  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OVER \$250.00**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b> From: _____ To: _____
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
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		
<b>Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.</b>						<b>PAGE TOTAL</b> 0.00

**SCHEDULE III  
STATEMENT OF EXPENDITURES**

<b>Name of Filing Committee or Candidate</b> LOCAL 0013 BOILERMAKERS PAC	<b>Reporting Period</b> From <u>5/4/2021</u> To: <u>6/7/2021</u>
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	DATE			AMOUNT
	MO	DAY	YEAR	
<b>To Whom Paid</b> P.L.A.N.				
<b>Mailing Address</b> c/o PA B.C.T.C, 904 N. 2nd St.	5	14	2021	\$ 1,000.00
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17102		<b>Description of Expenditure</b> Donations
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>				<b>PAGE TOTAL</b> \$ 1,000.00