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	20052	26				Rep File			CA	NDII	DATE		СОМ	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Ca	andida	te or Lo	bbyis	t:	l	Local	1 00	32BJ	PA A	mer	ican D	rear	n Fund						
Street Address:	101 Ave	nue of	the An	nericas	s															
City:	New York	k								State	e:	NY			Zip Cod	l e: 10	013			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND F PRIMA		PRE-	2		30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	No)	\
(place X to the right of	6TH TUESDAY PRE-ELECTION		1.	2ND F ELECT		/ PRE-	- 5		30 DA		Р	OST-	6. X		TERMINA REPORT?		Yes	No)	\
report type)	ANNUAL REF	PORT	7.	Year :	2011					NG ME					PAPER		√	DISKI	TTE	
Name of Office S	ought by Car	ndidate	e:				•			DAT	ΕO	F ELE	CTIC	ON	District Number	Office Code	Pai	ty Code	Cour	
										МО		DAY	Y	EAR						
											11		8	2011		(SEE INS	STRUCTI	ONS FOR	CODES)
Summary of Expenditures		nd	МО	DA		YEAR		_	_	МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
			1	.0	25	20)11	T	<u> </u>		11	:	28	2011						
A. Amount Bro	ught Forward	d From	Last R	eport					\$				29,	460.71						
B. Total Moneta	ary Contribut	ions A	nd Rec	eipts (From	Sched	dule	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 29,460.71																				
D. Total Expenditures (From Schedule III)									6,	850.00										
E. Ending Cash	Balance (Su	btract	Line D	From I	Line C	<u>;)</u>			\$				22,0	610.71						
F. Value Of In-	Kind Contribu	utions	Receive	ed (Fro	om Sc	hedul	e II))	\$					0.00						
G. Unpaid Debt	s And Obliga	tions (From S	chedu	le IV))			\$					0.00						
						AFF:	IDA	VI	ΓSE	CTIO	NC									
PART I - If this is		=	•		_									_						
I swear (or affirm) correct and comple		rt, inclu	ding the	attach	ed sch	iedules	filed	on	paper	or by e	electr	onic m	ediun	n, are to t	the best of	my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed before n day of	ne this		20							•		:	Signature	of Perso	n Submitt	ing Re	oort		
		ignature)	-					-						Print	ted Name				-
My Commission Ex	pires								_						Emai	I				_
	мо		DA	lΥ		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	a candi	date's	author	rized (Comm	ittee	, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		st of my	knowle	dge an	d belie	ef this	politi	cal	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ıne 3,1	937 (P.	133:	3,
Sworn to and subsc		e this		22										s	ignature o	f Candida	ite			_
-	day of —— ——								-						Printe	d Name				-
	Signa	ature							-											_
My Commission Exp	ires														Emai	I				
	м	10	DA	λY		YR			•			Area	Code		Da	ytime Te	elephor	ne Numi	er	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
Local 0032BJ PA American Dream Fund	From:	10/25/20	<u>11</u> To:	11/28/2011
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
			ı	
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

	this Part to itemize onl with an aggregate value		\$2) in the			
Nume of Fining Comm	taine of Fining Committee of Canadate			From:			:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE TOTAL

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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee	e or Candidate		Reporting Period					
			Fro	m:		To	o:	
			•		DATE		1	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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			
			Fron	n:		To) :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Per	iod	
Local 0032BJ PA American Dream Fund	From:	<u>10/25/2011</u> To:	11/28/2011
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candi	date				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			1			Occupa	tion		1	
Employer Mailing Address/Principa Business	l Place of	City		State		Zip 4)	Code(Plus	Descr	iption (of Contribution
Enter Grand Total of Part G on	Schedule II,	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reportir	ng Period			
Local 0032BJ PA American D	ream Fund		From	10/2	5/2011	То:	11/28/2011
				DATE			AMOUNT
To Whom Paid Friends of Bill Rubin			МО	DAY	YEAR		
Mailing Address PO Box 52	<u>.</u> 146		11	1	2011	\$	1,000.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Timaacipina	PA	19115	Political Contribution				
To Whom Paid Friends of Blondell Reynolds B	МО	DAY	YEAR				
Mailing Address PO Box 83	386		11	1	2011	\$	1,000.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Timaacipina	PA	19101	Politica				
To Whom Paid Friends of Cindy Bass			мо	DAY	YEAR		
Mailing Address 5539 Gerr	mantown Avenue		11	1	2011	\$	500.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	l .	
	PA	19144		l Contribut			
To Whom Paid Friends of Dennis O'Brien			мо	DAY	YEAR		
						ł	
Mailing Address 2031 Locu	ıst Street #803		11	1	2011	\$	1,000.00
- 2031 Locu	st Street #803	Zip Code (Plus 4)					1,000.00
2031 LOCU		Zip Code (Plus 4) 19103	Descrip	1 Ption of Exp	enditure		1,000.00
- 2031 Locu	State		Descrip	tion of Exp	enditure		1,000.00
City Philadelphia To Whom Paid	State PA		Descrip Politica	otion of Exp	penditure ion		1,000.00

19125

Political Contribution

PA

To Whom Paid Friends of Maria (Maria Quinor	nes Sanchez)		МО	DAY	YEAR		
Mailing Address PO Box 608	811		11	1	2011	\$	600.00
City Philadelphia	State PA	Zip Code (Plus 4) 19133	1	otion of Exp			
To Whom Paid Friends of Marian B. Tasco			МО	DAY	YEAR		
Mailing Address PO Box 274	454		11	11 1 201			500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19118	1 -	Description of Expenditur Political Contribution			
To Whom Paid Squilla for Council			МО	DAY	YEAR		
Mailing Address PO Box 37	332		11	1	2011	\$	500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19148	1	otion of Exp			
To Whom Paid Friends of Chelsa Wagner	•		мо	DAY	YEAR		
Mailing Address PO Box 96	050		11	14	2011	\$	250.00
City Pittsburgh	State PA	Zip Code (Plus 4) 15226	Description of Expenditure Political Contribution				
Enter Grand Total of Even	ditures on Page 1. Pe	nort Cover Page Ttom D					PAGE TOTAL
Enter Grand Total of Expen	ultures on Page 1, Re	port Cover Page, Item D	·•			\$	6,850.00