#### **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 2005	226			Rep File			CA	ANDIDATE COMMITTEE COBSTIST									
Name of Filing C	ommittee, Candid	ate or L	obbyist:		Loca	1 00	32BJ	PA A	mer	ican D	ream	Fund						
Street Address:	101 Avenue o	f the Ar	mericas															
City:	New York							State	e:	NY			Zip Co	<b>de:</b> 1	0013			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		P	POST-	3.		AMENDN REPORT		Yes	5	No	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	Ē- 5	5.	30 DA		P	POST-	6.		TERMINA REPORT		Yes	3	No	<b>\</b>
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2011				FILIN	IG ME					PAPER		V	<b>/</b>  P	ISKET	TE
Name of Office S	ought by Candidat	te:	•					DAT	ΈO	F ELEC	стіо	N	District Number	Office Code		Party	Code	County Code
								МО		DAY	YE	AR			·			
				_					11		8	2011		(SEE I	NSTRUC	TION	S FOR CO	DDES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR		_	_	МО		DAY	ΥI	EAR	FC	OR OFFI	CE U	SE O	NLY	
			11 29	2	011	Т	0		12	3	31	2011						
	ught Forward Fron		•				\$				22,6	510.71						
B. Total Moneta	ary Contributions /	And Rec	eipts (Fron	n Sche	dule	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)						\$				22,6	510.71							
D. Total Expenditures (From Schedule III)					\$				1,1	14.75								
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$				21,4	95.96						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$					0.00						
				AFF	IDA	VI	ΓSE	CTI	NC									
I swear (or affirm)	that this report, incl	*	_									_		of my kno	owledg	ge an	d belief	f , true
correct and comple	cribed before me this	:										ianatur	of Perso	n Guhmi	ttina [	Zono:		
	day of						-				-	ngnature	or Perso	iii Subiiii	ttillig r	серо		
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My Commission Ex			•••				-		•				Ema					
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	a report of a cand that to the best of med.					•						y provis	ions of th	e act of	June 3	,193	7 (P.L.	1333,
Sworn to and subsc	ribed before me this											s	ignature	of Candi	date			<u> </u>
	day of						-						Drin+4	ed Name				
	Signature						-						Finite	Ja Haille				
My Commission Exp	_												Ema	nil				
	МО	D	AY	YR			-			Area	Code		D	aytime '	Teleph	one	Numbe	r

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
Local 0032BJ PA American Dream Fund	From:	11/29/20	<u>11</u> To:	12/31/2011
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
			1	
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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 only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re					
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE 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 o	r Candidate		Rep Fro	oorting P	eriod	To	o:	
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
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 Candi	date		Reporting	Reporting Period					
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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	<b>)</b> :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla Business	ce of	City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Detailed Su	ımmary Page,	Section	on 3.			\$	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 C	andidate		Repor	ting Perio	od			
			From:			To:		
				D	ATE		АМ	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description		·					•	
Enter Grand Total of Part E or	n Schedule T. Detailed	d Summary Page	Section	4			PAC	GE TOTAL
	Juliania I Detaile	a cannual y 1 age,	2001011	••			\$	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 Peri	iod						
Local 0032BJ PA American Dream Fund	From:	<u>11/29/2011</u> <b>To:</b>	<u>12/31/2011</u>					
. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
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						<b>\$</b>	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 Candidate					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or (	Candidate		Reporti	ng Period			
Local 0032BJ PA American Di	ream Fund		From	11/2	9/2011	То:	12/31/2011
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Friends to Elect Theresa Smitl	h						
Mailing Address 414 Grant	Street, Suite 510		12	5	2011	\$	250.00
<b>City</b> Pittsburgh	State	Zip Code (Plus 4)	Descri	ption of Exp	enditure	)	
-	PA	15219	Politica	l Contribut	tion		
To Whom Paid Jay Costa, Jr. for State Senate	e		МО	DAY	YEAR		
Mailing Address 314 Newport Road			12	5	2011	<b>\$</b>	500.00
<b>City</b> Pittsburgh	State	Zip Code (Plus 4)	Descri	ption of Exp	enditure	:	
-	PA	15221	Politica	l Contribut	ion		
To Whom Paid		·	мо	DAY	YEAR		
People for Peduto							
Mailing Address PO Box 91	61		12	5	2011	\$	250.00
<b>City</b> Pittsburgh	State	Zip Code (Plus 4)	Descri	ption of Exp	enditure		
	PA	15224	Politica	al Contribut	ion		
To Whom Paid			мо	DAY	YEAR		
TD Bank							
Mailing Address 25 Hudson	Street		12	14	2011	\$	114.75
City New York	State	Zip Code (Plus 4)	Descri	tion of Exp	enditure	<u>'</u>	
	NY	10013	Check	reorder fee	9		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

5/18	/2024	6:40:53	AM

PAGE TOTAL

1,114.75