### **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 200	)5226				Rep File			CA	NDII	DATE	E COMMITTEE   LOBBYIST							
Name of Filing C	ommittee, Cand	idate or L	obbyis	it:	i	LOCA	AL (	)032E	BJ PA	AME	RICA	N DR	EAM FU	ND					
Street Address:	28 WEST 18	BTH ST																	
City:	NEW YORK								State	<b>:</b>	NY			Zip Cod	le: 10	011			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND F		/ PRE-	. 2		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes		0	<b>√</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND F		/ PRE	- 5		30 DA		Р	OST-	6. <b>X</b>	(	TERMINA REPORT?		Yes	١	0	<b>√</b>
report type)	ANNUAL REPOR	T 7.	Year	2014						METHOD ECK ONE				PAPER		<b>\</b>	DISK	ETTE	
Name of Office S	ought by Candid	late:				•			DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Pai	rty Cod	e Cour	
									МО		DAY	Y	EAR						
										11		4	2014		(SEE INS	STRUCTI	ONS FO	CODES	)
Summary of Expenditures		МО	DA		YEAR		_	_	МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	<b>'</b>	
			10	21	20	014	Т	0		11	:	24	2014						
A. Amount Bro	ught Forward Fr	om Last F	Report					\$				450,	109.37						
B. Total Monetary Contributions And Receipts (From Schedule I)						I)	\$			30,250.00									
C. Total Funds Available (Sum Of Lines A and B)							\$				480,	359.37							
D. Total Expenditures (From Schedule III)					\$			:	311,	251.86									
E. Ending Cash Balance (Subtract Line D From Line C)						\$				169,	107.51								
F. Value Of In-	Kind Contributio	ns Receiv	ed (Fr	om Sc	hedul	e II)	)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From	Schedu	ıle IV)	)			\$					0.00						
					AFF:	IDA	VI	ΓSE	CTIC	NC									
PART I - If this is				_									_						
I swear (or affirm) correct and comple		ncluding th	e attach	ned sch	edules	filed	on	paper	or by e	electr	onic m	ediur	n, are to t	he best o	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before me to day of	his	20							,			Signature	of Perso	1 Submitt	ing Re	port		_
	Signa	ture	_					-						Prin	ted Name	ı			
My Commission Ex	pires							_		•				Emai	il				
	МО	D	AY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	autho	rized (	Comm	ittee	, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge an	nd belie	ef this	politi	cal	comm	ittee h	as no	ot viola	ted a	ny provisi	ions of the	e act of Ju	ıne 3,1	937 (P	.L. 133	з,
Sworn to and subsc		is											Si	ignature o	of Candida	ate			_
	day of ————————————————————————————————————		_ 20 _					-						Printe	d Name				-
	Signatur	e						-											_
My Commission Exp	ires													Ema	il				
	МО	D	AY		YR			•			Area	Code		Da	ytime Te	elephoi	ne Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
LOCAL 0032BJ PA AMERICAN DREAM FUND	From:	10/21/20	<u>14</u> To:	11/24/2014
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)			\$	30,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	30,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	250.00
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			\$	30,250.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val									
Name of Filing Comm	Name of Filing Committee or Candidate			Reporting Period						
			Fr	om:		То	:			
		•			DATE			AMOUNT		
Full Name of Contributi	ing Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
	•	•		•	•	•	$\overline{}$	PAGE 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 Fining Committee of Candidate				Reporting Period  From: To:					
					DATE		AMOUN	т	
			_				71.10011	•	
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 Candidate	Reporting Period							
LOCAL 0032BJ PA AMERICAN DREAM FUND	From:	10/21/2014	То:	11/24/2014				

DATE AMOUNT

Full Name of Contributing Committee  LOCAL 1201 SCHOOL EMPL PAC				DAY	YEAR	
Mailing Address 25 WEST 18TH ST						\$ 30,000.00
City NEW YORK	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 10011	10	21	2014	

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

**PAGE TOTAL**30,000.00

### 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.)

ame of Filing Committee or Candidate		_	Reporting Period					
			Fror	n:		To	):	
				D.	ATE		Α	MOUNT
Full Name of Contributor					DAY	YEAR		
Mailing Address							\$	0.00
State	Zi	p Code (Plus	s <b>4</b> )					
·	·			Occupa	tion			
al Place of		City			State		Zip Cod	le (Plus 4)
Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.				PAGE TOTAL 0.00
	al Place of	al Place of	al Place of City	State Zip Code (Plus 4)  al Place of City	State Zip Code (Plus 4) Occupa	State Zip Code (Plus 4)  Occupation  Oliver State	State Zip Code (Plus 4)  Occupation  Olympia Place of City State  Schedule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4)  Occupation  Olivy  State Zip Code  Occupation  State Zip Code

## 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	Reporting Period						
LOCAL 0032BJ PA AMERICAN DREAM FUND	From:	<u>10/21/2014</u> <b>To:</b>	11/24/2014				

			D	ATE		AMOUNT
Full Name TD Bank			МО	DAY	YEAR	
Mailing Address 25 Hudson Street			10	2.1	2014	\$ 250.00
City New York	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 10013	10	31	2014	
Receipt Description void o	heck #1198					

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

**PAGE TOTAL \$** 250.00

#### **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	od							
LOCAL 0032BJ PA AMERICAN DREAM FUND	From:	<u>10/21/2014</u> <b>To:</b>	11/24/2014						
1. 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 PART 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	Name of Filing Committee or Candidate			Reporting 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						
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$ \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportir	Reporting Period					
LOCAL 0032BJ PA AMERICAN DREAM FUND				10/2	1/2014	То:	11/24/2014		
				DATE			AMOUNT		
<b>To Whom Paid</b> Committee to Elect Mike Stac	мо	DAY	YEAR						
Mailing Address P.O. Box 292				27	2014	\$	1,000.00		
City Newton	State	Zip Code (Plus 4)	Descrir	Description of Expenditure					
Newton	PA	18940	Political Contribution						
To Whom Paid Committee to Elect Jesse White				DAY	YEAR				
Mailing Address P.O. Box 384			10	31	2014	\$	1,000.00		
City Cecil	State	State Zip Code (Plus 4)			Description of Expenditure				
	PA	15321	Political Contribution						
To Whom Paid SEIU Local 32BJ			мо	DAY	YEAR				
Mailing Address 25 West 18th Street			10	30	2014	\$	297,637.78		
					1		· ·		
City New York	State	Zip Code (Plus 4)	Descrip	tion of Exr	enditure		·		
City New York	State NY	<b>Zip Code (Plus 4)</b> 10011					costs to benefit		
City New York  To Whom Paid SEIU Local 32BJ			Paymer	nt for staff					
To Whom Paid	NY		Paymer Tom W	nt for staff olf	and othe				
To Whom Paid SEIU Local 32BJ  Mailing Address 25 West 1	NY		Paymer Tom Wo	DAY	YEAR 2014	er in-kind	costs to benefit		
To Whom Paid SEIU Local 32BJ  Mailing Address 25 West 15	NY 8th Street	10011	Paymer Tom Wo	DAY  11  otion of Expant for staff	YEAR 2014	er in-kind	costs to benefit		
To Whom Paid SEIU Local 32BJ  Mailing Address 25 West 1	8th Street  State  NY	Zip Code (Plus 4) 10011	MO  11  Descrip Paymer Tom Wo	DAY  11  otion of Expant for staff	YEAR 2014	er in-kind	l costs to benefit		