# **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 :	i <b>on</b> 2005	226			Repor Filed			CANDI	DATE		СОМ	MITTEE	✓	LOB	BYIST	Γ	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		LOCAL	003	2BJ	j pa ame		I DR	EAM FU	IND					
Street Address:	28 WEST 18T	H ST															
City:	NEW YORK							State:	NY			Zip Co	d <b>e:</b> 10	011			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	-				DA) IMA		POST-	3.		AMENDN REPORT		Yes	Ν	D	$\checkmark$
					DA\ ECTI		POST- 6.			TERMIN/ REPORT		Yes	N	C	$\checkmark$		
report type)	ANNUAL REPORT	7.	<b>Year</b> 2018					G METHO HECK O				PAPER		$\checkmark$	DISK	ETTE	
Name of Office S	L Sought by Candidat	te:						DATE O	F ELE	СТІС	N	District Number	Office Code	Par	ty Code	Cou	
	,							мо	DAY	YI	AR	Number	coue			Teor	5
							Ī	11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAR	1		Ι	мо	DAY	Y	EAR	FC	R OFFIC	e use	ONLY		
Expenditures	s from:		3 27	2	018	ГО		4	:	30	2018						
A. Amount Bro	ught Forward From	n Last R	eport				\$			98,	549.60						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)		\$				0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 98,549.60																	
D. Total Expen	ditures (From Sch	edule II	I)				\$			10,0	00.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$			88,5	49.60						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)		\$				0.00	-					
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	/)			\$				0.00						
				AFF	IDAV	IT S	SEC	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	lf this i	s a C	Cano	didate re	eport, c	andi	date sig	gn here.					
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	e attached sc	hedules	s filed or	ı pap	er o	r by elect	ronic m	edium	, are to t	the best o	f my knov	/ledge	and be	ief , tr	ue
Sworn to and subs	cribed before me this day of	5	20							5	lignature	e of Perso	n Submitt	ing Rep	oort		_
	Signatu	re				_						Prin	ted Name				_
My Commission Ex	xpires											Ema	il				
	МО	D	AY	YR					Are	ea Coo	le	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee, (	Cand	lida	te shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of n ed.	ny knowle	edge and beli	ief this	politica	l con	nmit	tee has n	ot viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subscribed before me this										s	ignature (	of Candida	te			-	
												Printe	ed Name				-
Signature													•				_
My Commission Expires												Ema	11				
	мо	D	AY	YR		_			Area	Code		D	aytime Te	elephor	e Num	ber	-

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Page	3			
Name of Filing Committee or Candidate	Reporting	Period		
LOCAL 0032BJ PA AMERICAN DREAM FUND	From:	<u>3/27/201</u>	<u>.8</u> To:	<u>4/30/2018</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)	\$	0.00
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			\$	0.00

# 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	n:		То	:			
					DATE			AMOUNT		
Full Name of Contributing Committee			1	мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
							Γ	PAGE TOTAL		

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

\$

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 Candidat	e		Rep	orting P	eriod				
From: To:									
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
PAGE TOTAL									
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.\$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 Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

### 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 C	Name of Filing Committee or Candidate			ting Perio	bd				
From:					rom: To:				
			1	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	;	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	I			1	1	1			
Enter Grand Total of Part E o	n Schodulo I. Dotailog		Section	4				PAGE TO	TAL
	Schedule 1, Detailed	i Summaly Paye,	Section	4.			\$		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 Perio	bd	
LOCAL 0032BJ PA AMERICAN DREAM FUND	From:	<u>3/27/2018</u> <b>To:</b>	<u>4/30/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR	1	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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 Candidate R				Reporting Period					
	From: To:								
				DATE		АМО	UNT		
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 Schedule II, In-Kind Contributions Detail Section 2.				mary Pag	je,	PAGE	TOTAL		
					4	6	0.00		

0.00

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

Name of Filing Committee or Candidate						Reporting Period					
					Fro	om:		То:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(	Plus 4)							
Employer of Contributor						Occupat	tion	- <b>I</b>			
Employer Mailing Address/Principa Business	l Place of	City		State		Zip 4)	Code(Plus	Descri	ption of	f Contribution	
										PAGE TOTAL	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
LOCAL 0032BJ PA AMERICAN DREAM FUND			From	<u>3/27/2018</u> <b>To:</b>			<u>4/30/2018</u>
			DATE				AMOUNT
To Whom Paid Building a New Pittsburgh			мо	DAY	YEAR		
Mailing Address 4105 Penn Avenue			3	30	2018	\$	10,000.00
City Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15224	Description of Expenditure Political contribution				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	10,000.00