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		СОМ	4ITTEE	✓ [LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyis	it:	i	LOCA	AL C)032E	BJ PA	AME	RICA	N DR	EAM FU	ND					
Street Address:	28 WEST 18	TH ST																	
City:	NEW YORK								State	:	NY			Zip Code: 10		011			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND F PRIMA		/ PRE-	. 2		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND F		/ PRE	- 5		30 DA		Р	OST-	6. X		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL REPOR	T 7.	Year	2018					NG ME		_	•		PAPER		√	DISK	ETTE	
Name of Office S	ought by Candid	ate:	•			•			DAT	ΕO	F ELE	CTIC	ON	District Number	Office Code	Pai	rty Code	Code	
									МО		DAY	Y	EAR						
										11		6	2018		(SEE INS	STRUCTI	ONS FOR	CODES)
Summary of Expenditures		МО	DA		YEAR		_	_	МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
			10	23	20	018	T	0		11		26	2018						
A. Amount Bro	ught Forward Fro	m Last R	Report					\$				57,	657.16						
B. Total Moneta	B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00									0.00									
C. Total Funds Available (Sum Of Lines A and B)								\$				57,	657.16						
D. Total Expend	ditures (From Sc	hedule II	Ί)					\$				26,	607.88						
E. Ending Cash	Balance (Subtra	ct Line D	From	Line C	:)			\$				31,0	049.28						
F. Value Of In-	Kind Contribution	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	CTIO	NC									
PART I - If this is	a Committee re	port, trea	surer	sign h	nere. I	f this	s is	a Car	ndidat	te re	port, o	candi	idate sig	ın here.					
I swear (or affirm) correct and comple	that this report, in ete.	cluding th	e attach	ned sch	edules	filed	on	paper	or by e	electr	onic m	ediun	n, are to t	the best o	f my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before me th day of	is	20									:	Signature	of Perso	n Submitt	ing Re	port		_
	Signat	ure	_					-						Prin	ted Name	1			_
My Commission Ex	pires							_		•				Emai	il				
	МО	D	AY		YR						Arc	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	ndidate's	autho	rized	Comm	ittee	, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge an	nd 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.	L. 133	з,
Sworn to and subsc		s	20										s	ignature o	of Candida	ate			_
	day of ————————————————————————————————————		_ 20 _					-						Printe	d Name				-
	Signature	1						-											_
My Commission Exp	ires													Ema	il				
	МО	D	AY		YR			•			Area	Code		Da	ytime To	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:	10/23/20	<u>l8</u> To:	11/26/2018
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

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			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 or Cand	idate		Re	porting P	eriod			
			Fro	om:		To):	
					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	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 Candida	ate			Rep	orting Pe	riod			
				Froi	n:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Principal Business	Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on So	chedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE 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 Candid	ate		Report	ting Perio	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				МО	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4)				
Receipt Description		·					
Enter Grand Total of Part E on Sch	edule I. Detaile	d Summary Page	Section	4			PAGE TOTAL
The stand rotal of rare E on och	caale 1, betallet	a cammary rage,	5000001	••			\$ 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	od	
LOCAL 0032BJ PA AMERICAN DREAM FUND	From:	<u>10/23/2018</u> To:	11/26/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	ł .	
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reporting Period					
			From:			To:		
				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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL	
Section 2.						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	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					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti	ng Period			
LOCAL 0032BJ PA AMERICAN DREAM FUND	From	10/23	<u>/2018</u>	To:	11/26/2018
		DATE			AMOUNT
To Whom Paid					

				DATE		AMOUNT			
To Whom Paid Barbin for Penwoods			мо	DAY	YEAR				
Mailing Address 206 Main Street			10	26	2018	\$	1,000.00		
City Johnstown	State PA	Zip Code (Plus 4) 15901	Description of Expenditure Political contribution						
To Whom Paid Committee to Elect Helen Tai				DAY	YEAR				
Mailing Address P.O. Box 251				26	2018	\$	2,500.00		
City New Hope	State PA	Zip Code (Plus 4) 18932	Description of Expenditure Political contribution						
To Whom Paid Friends of Joe Ceresi				DAY	YEAR				
Mailing Address 4011 Ashbrook Drive			10	26	2018	\$	2,500.00		
City Royersford	State PA	Zip Code (Plus 4) 19468	Description of Expenditure Political contribution						
To Whom Paid Friends of Wendy Ullman				DAY	YEAR				
Mailing Address P.O. Box 16			10	26	2018	\$	2,500.00		
City Fountainville	State PA	Zip Code (Plus 4) 18923	Description of Expenditure Political contribution						
To Whom Paid Knoll for PA 44				DAY	YEAR				
Mailing Address c/o Doug Krings, 157 Tomms Run Rd.			10	26	2018	\$	5,000.00		
City Pittsburgh	State PA	Zip Code (Plus 4) 15237	Description of Expenditure Political contribution						

							JL 12	
To Whom Paid Be the Change			мо	DAY	YEAR			
Mailing Address P.O. Box 254			10	26	2018	\$	10,000.00	
City Royersford	State	Zip Code (Plus 4)	Description of Expenditure					
Roycisiord	PA	19468		l contribut				
To Whom Paid Bill Edwards			МО	DAY	YEAR			
Mailing Address 250 Haddon Avenue, Apt. H7			11	1	2018	\$ \$	450.00	
City Collingswood	State	Zip Code (Plus 4)	Descri	tion of Exp) nenditure			
	NJ	08108	Independent Expenditure					
To Whom Paid Colibri Workshop, LLC		·	МО	DAY	YEAR			
Mailing Address 1243 Snyde	r Avenue, #3		11	1	2018	\$	701.19	
City Philadelphia	State	Zip Code (Plus 4)	Descri	tion of Exp) Denditure	<u> </u>		
· · · · · · · · · · · · · · · · · · ·	PA	19148	Independent Expenditure - Tom Wolf					
To Whom Paid Justin Merriman Photography			МО	DAY	YEAR			
Mailing Address 640 Woodland Avenue, 3rd Floor			11	1	2018	\$	676.69	
City Oakmont	State	Zip Code (Plus 4)	Descri	tion of Exi) Denditure	<u> </u>		
	PA	15139	Description of Expenditure Independent Expenditure - Tom Wolf					
To Whom Paid Ryan Frank		·	мо	DAY	YEAR			
Mailing Address 3441 B Missouri Avenue			11	1	2018	\$ \$	1,150.00	
City St. Louis	State	Zip Code (Plus 4)	Descri	tion of Exp) Denditure	<u> </u>		
St. Esais	МО	63118	1		- Tom Wolf			
To Whom Paid Catalina Gonzalez	·		мо	DAY	YEAR			
Mailing Address Calle 127 B BIS #53A-28, Ap 408 (Bogota, Colombia)			10	31	2018	\$	130.00	
City Bogata	State	Zip Code (Plus 4)	Description of Expenditure					
Dogutu	PA	99999-9999				- Tom Wolf		
	•		-			P	AGE TOTAL	
Enter Grand Total of Expend	itures on Page 1, Re	port Cover Page, Item D				\$	26,607.88	