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 :								CANDI	DATE		СОММ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		LOCA	AL O	032E	BJ PA AM	ERICAI	N DRI	EAM FU	ND					
Street Address:	28 WEST 18T	H ST															
City:	NEW YORK							State:	NY			Zip Cod	de: 10	0011			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2		30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	- 5		30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7. X	Year 2018					NG METH				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	y
								МО	DAY	YE	AR	Number	Code			couc	
								11		6	2018		(SEE IN	ISTRUCTI	ONS FOR O	ODES)	
	Receipts and	МО	DAY	YEAR	l			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:	1	11 27	2	018	T	0	12		31	2018						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			31,0	049.28						
B. Total Monet	ary Contributions A	And Rec	eipts (From	Sche	dule	I)	\$			150,0	00.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			181,0)49.28						
D. Total Expen	ditures (From Scho	edule II	I)				\$			180,6	67.76						
E. Ending Cash	Balance (Subtract	Line D	From Line C	:)			\$			3	81.52						
F. Value Of In-	Kind Contributions	Receive	ed (From Sc	hedu	le II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			'			
				AFF	IDA	VI٦	ſ SE	CTION									
	a Committee rep	-	_								_						
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edules	s filed	on p	oaper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	e.
Sworn to and subs	cribed before me this day of	•	20							S	ignature	of Perso	n Submit	ting Rep	ort		-
	Signatu						•					Prin	ted Name	e			-
My Commission Ex	•	ie										Ema	il				-
	мо	DA	AY	YR			-		Are	ea Cod	le	Daytim	e Teleph	none Nu	mber		-
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	, Ca	ndid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politi	cal	comm	ittee has r	ot viola	ted an	y provisi	ions of th	e act of J	une 3,1	937 (P.L	. 1333	,
Sworn to and subso	ribed before me this										Si	ignature o	of Candid	ate			-
	day of		_ 20				•					Printa	d Name				-
	Signature																_
My Commission Exp	-											Ema	il				
	МО	DA	AY	YR					Area	Code		Da	aytime T	elephon	e Numb	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:	11/27/201	<u>8</u> To:	12/31/2018
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)			\$	150,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	150,000.00
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			\$	150,000.00

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 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 Candidate	Reporting P	Period		
LOCAL 0032BJ PA AMERICAN DREAM FUND	From:	11/27/2018	То:	12/31/2018

DATE AMOUNT

Full Name of Contributing Committee LOCAL 0032BJ SEIU AMERICAN DREAM	Full Name of Contributing Committee LOCAL 0032BJ SEIU AMERICAN DREAM FUND				YEAR	
Mailing Address 25 WEST 18TH ST					2010	\$ 150,000.00
City NEW YORK	State NY	Zip Code (Plus 4) 10011	11	29	2018	

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

150,000.00

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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary 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	Candidate		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 o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i> 50a. y 1 dgc,	Section				\$	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:	11/27/2018 To:	12/31/2018
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 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		Reportii	ng Period			
LOCAL 0032BJ PA AMERIO	CAN DREAM FUND		From	11/27	7/2018	То:	12/31/2018
				DATE			AMOUNT
To Whom Paid SEIU LOCAL 32BJ			МО	DAY	YEAR		
Mailing Address 25 Wes	st 18th Street		12	18	2018	\$	110,413.20
City New York	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
New York	NY	10011		ndent Expe			f
To Whom Paid SEIU LOCAL 32BJ			МО	DAY	YEAR		
Mailing Address 25 Wes	st 18th Street		12	18	2018	\$	10,363.76
City New York	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	NY	10011		nt for staff			costs to benefit
To Whom Paid SEIU LOCAL 32BJ			МО	DAY	YEAR		
Mailing Address 25 Wes	st 18th Street		12	18	2018	\$	10,363.76
City New York	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	l	
	NY	10011	Paymei	=			costs to benefit
To Whom Paid SEIU LOCAL 32BJ			МО	DAY	YEAR		
Mailing Address 25 Wes	st 18th Street		12	18	2018	\$	5,593.08
City New York	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	NY	10011		nt for staff / Williams	and othe	er in-kind	costs to benefit
To Whom Paid SEIU LOCAL 32BJ			мо	DAY	YEAR		
Mailing Address	st 18th Street		12	18	2018	\$	4,301.96

Zip Code (Plus 4)

10011

Description of Expenditure

Payment for staff and other in-kind costs to benefit Betsy Monroe

State

NY

City

New York

						PA	GE 12		
To Whom Paid SEIU LOCAL 32BJ				DAY	YEAR				
Mailing Address 25 West 18th Street				18	2018	\$	4,280.00		
City New York	State NY	Zip Code (Plus 4) 10011	Description of Expenditure Payment for staff and other in-kind costs to benefit Pam Snyder						
To Whom Paid Citizens for Kenyatta Johnson				DAY	YEAR				
Mailing Address P.O. Box 7466				28	2018	\$	3,000.00		
City Philadelphia	State PA	Zip Code (Plus 4) 19103	-	Description of Expenditure Political contribution					
To Whom Paid Friends of Curtis Jones, Jr.				DAY	YEAR				
Mailing Address 5438 Wyndale Avenue			12	28	2018	\$	5,000.00		
City Philadelphia	State PA	Zip Code (Plus 4) 19131	Description of Expenditure Political contribution						
To Whom Paid Friends of Maria				DAY	YEAR				
Mailing Address PO Box 60811			12	28	2018	\$	3,000.00		
City Philadelphia	State PA	Zip Code (Plus 4) 19133	Description of Expenditure Political contribution						
To Whom Paid Friends of Marty Flynn				DAY	YEAR				
Mailing Address P.O. Box 11466			12	28	2018	\$	250.00		
City Harrisburg	State PA	Zip Code (Plus 4) 17108	-	otion of Exp					
To Whom Paid Friends of Helen Gym				DAY	YEAR				
Mailing Address P.O. Box 11766				28	2018	\$	3,000.00		

						P	GE 13
To Whom Paid Kenney for Philadelphia				DAY	YEAR		
Mailing Address P.O. Box 60065				28	2018	\$	5,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Description of Expenditure Political contribution				
To Whom Paid McNeill for PA				DAY	YEAR		
Mailing Address P.O. Box 826				28	2018	\$	250.00
City Whitehall	State PA	Zip Code (Plus 4) 18502	Description of Expenditure Political contribution				
To Whom Paid SEIU LOCAL 32BJ				DAY	YEAR		
Mailing Address 25 West 18th Street			12	18	2018	\$	2,773.20
City New York	State NY	Zip Code (Plus 4) 10011	Description of Expenditure Payment for staff and other in-kind costs to benefit Michele Knoll				
To Whom Paid SEIU LOCAL 32BJ				DAY	YEAR		
Mailing Address 25 West 18th Street				18	2018	\$	7,806.80
City New York	State NY	Zip Code (Plus 4) 10011	Description of Expenditure Payment for staff and other in-kind costs to benefit Jennifer Omara				
To Whom Paid SEIU LOCAL 32BJ				DAY	YEAR		
Mailing Address 25 West 18th Street				18	2018	\$	5,272.00
City New York	State NY	Zip Code (Plus 4) 10011	Description of Expenditure Payment for staff and other in-kind costs to benefit Katie Muth				
Enter Grand Total of Expe	enditures on Page 1, Re	port Cover Page, Item D					PAGE TOTAL
	3 - 7					\$	180,667.76