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 on 2005 | 226 | | | Repor Filed I | | CANDI | DATE | | СОМІ | MITTEE | ✓ | LOBI | BYIST | | |
|---|----------------------------------|-----------|-----------------------|--|----------------------------|---------------|--------------|-----------|--------|------------------------|------------------------|----------------|---------|----------|------------|---|
| Name of Filing C | Committee, Candida | ate or Lo | obbyist: | I | LOCAL | 0032 | bj pa ami | ERICAN | I DRE | EAM FU | IND | | | | • | |
| Street Address: 28 WEST 18TH ST | | | | | | | | | | | | | | | | |
| City: | NEW YORK | | | | | | State: | NY | | | Zip Code: 10011 | | | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE- | - 2. | 30 D/ PRIM | | POST- 3. | | | AMENDI REPORT | | Yes | No |) | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | 2ND FRIDAY PRE- ELECTION 5. X 30 | | | AY F TION | POST- 6. | | TERMINATION REPORT? | | Yes | No | · · | | |
| report type) | ANNUAL REPORT | 7. | Year 2020 | | LING METHOD) CHECK ONE | | | | PAPER | | \checkmark | DISKI | TTE | | | |
| Name of Office Sought by Candidate: | | | | | | | DATE O | F ELEC | CTIO | N | District Number | Office Code | Par | ty Code | County | , |
| | | | | | | | мо | DAY | YE | AR | | | | | | |
| | | | | | | | 11 | | 3 | 2020 | | (SEE INS | TRUCTI | ONS FOR | CODES) | |
| | Receipts and | мо | DAY | YEAR | | | мо | DAY | YE | AR | FC | OR OFFIC | E USE | ONLY | | |
| Expenditures | s from: | | 6 23 | 20 | 020 1 | 0 | 10 | 1 | .9 | 2020 | | | | | | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | \$ | | 1 | 101,5 | 517.62 | | | | | | |
| B. Total Monet | ary Contributions / | And Rec | eipts (Fron | n Schee | dule I) | \$ | \$ 75,000.00 | | | | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | | ; | 1 | 176,5 | 517.62 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ | | 1 | 101,5 | 48.41 | | | | | | |
| E. Ending Cash | Balance (Subtract | t Line D | From Line | C) | | \$ | | | 74,9 | 69.21 | | | | | | |
| F. Value Of In- | Kind Contributions | Receive | ed (From S | chedul | le II) | \$ | | | | 0.00 | 1 | | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | Schedule IV | ') | | \$ | • | | 35,2 | 50.00 | | | | | | |
| | | | | AFF | IDAVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee repo | ort, trea | surer sign | here. I | lf this is | s a Ca | ndidate re | eport, c | andio | date sig | gn here. | | | | | |
| I swear (or affirm correct and comple |) that this report, incl ete. | uding the | attached sc | hedules | filed on | paper | or by elect | ronic me | edium, | , are to f | the best o | of my knov | vledge | and bel | ief , true | 1 |
| Sworn to and subs | cribed before me this day of | 5 | 20 | | | | | | s | ignature | e of Perso | n Submitt | ing Rep | oort | | |
| | Signatu | re | | | | _ | | | | | Prin | ited Name | | | | • |
| My Commission Ex | xpires | | | | | _ | | | | | Ema | il | | | | |
| | мо | DA | AY | YR | | | | Are | a Cod | e | Daytin | ne Teleph | one Nu | mber | | |
| Part II- If this is | a report of a cand | lidate's | authorized | Comm | nittee, C | Candid | ate shall | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amendo | that to the best of ned. | ıy knowle | edge and beli | ef this | political | comm | iittee has n | ot violat | ed an | y provis | ions of th | e act of Ju | ine 3,1 | 937 (P.I | . 1333, | |
| Sworn to and subso | ribed before me this day of | | | | | | | | | s | ignature | of Candida | ite | | | |
| | | | | | | _ | | | | | Printe | ed Name | | | | |
| | Signature | | | | | - | | | | | F | | | | | |
| My Commission Exp | bires | | | | | | | | | | Ema | | | | | |
| | мо | D/ | AY | YR | | _ | | Area (| Code | | D | aytime Te | elephon | e Numi | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

| Detailed Summary Pa | ge | | | |
|--|-------------------------------|-----------------------|-------------------|-----------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| LOCAL 0032BJ PA AMERICAN DREAM FUND | <u>6/23/202</u> | 2 <u>0</u> To: | <u>10/19/2020</u> | |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Report | ing 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 Report | ing Period | (2) | \$ | 0.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | • | |
| Contributions Received From Political Committees (Part C) | | | \$ | 75,000.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Report | ing Period | (3) | \$ | 75,000.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part | E) | | | |
| TOTAL for the Report | ing Period | (4) | \$ | 0.00 |
| | | | | |
| Total Monetary Contributions and Receipts During this Reporting Period (Add totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover | and enter am Page, Item B. | ount) | \$ | 75,000.00 |
| | | | - | |

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: To: | | | | : | | | | | |
| | | · | | | DATE | | | AMOUNT | | |
| Full Name of Contributing Committee | | | м | 10 | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4 | 4) | | | | | | | |
| | | | | | | | Γ | PAGE TOTAL | | |

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

0.00

\$

| 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 | | | 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 S | Schedule I, Detail | ed Summary Pag | je, Se | ection 2 | 2. | | \$ | 0.00 | |

PAGE 5

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 | | | | | g Period | | | | | |
|--|----------------------|-----------------------------------|-------------|---|----------|------|----|------------|--|--|
| LOCAL 0032BJ PA AMERICAN DREAM FUND | | | | <u>6/23/2020</u> To: <u>10/19/2020</u> | | | | | | |
| | DATE AMOUNT | | | | | | | | | |
| Full Name of Contributing Com LOCAL 0032BJ SEIU AMERICA | | | | мо | DAY | YEAR | | | | |
| Mailing Address 25 WEST 18TH ST | | | | | | | \$ | 75,000.00 | | |
| City NEW YORK | State NY | Zip Code (Plus 4) 10011 | | 9 | 28 | 2020 | | | | |
| | | | | | | ſ | | PAGE TOTAL | | |
| Enter Grand Total of Part C | on Schedule I, Detai | iled Summary Pa | age, Sectio | n 3. | | | \$ | 75,000.00 | | |

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 Candidate | Name of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|---------------------------------------|---------------------------------------|---------------|---------|------------------|---------|------|----|---------|------|--|
| From: | | | | | om: To: | | | | | |
| | | | | D | ATE | | | AMOUNT | Ī | |
| Full Name | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | 4 | 5 | 0.00 | |
| City | State | Zip Code (| Plus 4) | | | | | | | |
| Receipt Description | | | | | | • | • | | | |
| Enter Grand Total of Part E on Schedu | le T. Detailed Summ | nary Page | Section | Д | | | | PAGE TO | TAL | |
| | | iiai y i uge, | 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 Perio | bd | |
|---|-----------------|-----------------------------|-------------------|
| LOCAL 0032BJ PA AMERICAN DREAM FUND | From: | <u>6/23/2020</u> To: | <u>10/19/2020</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | 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, 3 | | \$ | 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: | | | То: | | | | | |
| | | | | DATE | | АМО | UNT | | |
| Full Name of Contributor | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4) | , | | | | | | |
| Description of Contribution: | Description of Contribution: | | | | | | | | |
| Enter Grand Total of Part F on Sched Section 2. | ule II, In-Kind Co | ontributions Deta | iled Sum | 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 | m: | | To: | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | Zip Code(Plus 4) | | | | | | | | |
| Employer of Contributor | | | | | Occupation | | | | | |
| Employer Mailing Address/Principal Place of City State Business | | | | | Zip Code(Plus 4) Description of Co | | | of Contribution | | |
| Enter Grand Total of Part G on Sch | edule II, 1 | In-Kind | Contributio | ons De | taile | d | | | | PAGE TOTAL |

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

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | |
|--|------------------------------|-----------------------------------|--|--|---------------|-----|-------------------|--|
| LOCAL 0032BJ PA AMERICAN DREAM FUND | | | From | <u>6/2</u> | <u>3/2020</u> | То: | <u>10/19/2020</u> | |
| | | | | DATE | | | | |
| To Whom Paid SEIU Local 32BJ | | | | DAY | YEAR | | | |
| Mailing Address 25 West 18th Street | | | 6 | 30 | 2020 | \$ | 30.00 | |
| City New York State Zip Code (Plus 4) NY 10011 | | | Description of Expenditure Repayment of debt | | | | | |
| To Whom Paid SEIU Local 32BJ | | | мо | DAY | YEAR | | | |
| Mailing Address 25 West 18th Street | 6 | 30 | 2020 | \$ | 1,403.40 | | | |
| City New York | State NY | Zip Code (Plus 4) 10011 | Description of Expenditure Repayment of debt | | | | | |
| To Whom Paid SEIU Local 32BJ | | | мо | DAY | YEAR | | | |
| Mailing Address 25 West 18th Street | | | 6 | 30 | 2020 | \$ | 615.01 | |
| City New York State Zip Code (Plus 4) NY 10011 | | | Description of Expenditure Repayment of debt | | | | | |
| To Whom Paid Knoll4PA44 | | | мо | DAY | YEAR | | | |
| Mailing Address 157 Tomms Run Rd | | | 10 | 15 | 2020 | \$ | 5,000.00 | |
| CityPittsburghStateZip Code (Plus 4)PA15237 | | | | Description of Expenditure Political contribution | | | | |
| To Whom Paid PA House Democratic Campaign Committee | | | мо | DAY | YEAR | | | |
| Mailing Address 205 State St | Mailing Address 205 State St | | | 15 | 2020 | \$ | 20,000.00 | |
| City Harrisburg State Zip Code (Plus 4) PA 17101 | | | | Description of Expenditure Political contribution | | | | |

| To Whom Paid PA Senate Democratic Campaig | мо | DAY | YEAR | | | | | | | |
|---|---|-----------------------------------|--|--|---|----|-----------|--|--|--|
| Mailing Address PO Box 5935 | 10 | 15 | 2020 | \$ | 2,000.00 | | | | | |
| City Philadelphia | Iphia State Zip Code (Plus 4) PA 19102 | | | | Description of Expenditure Political contribution | | | | | |
| To Whom Paid George Scott for PA 15 | мо | DAY | YEAR | | | | | | | |
| Mailing Address 631 Front Street | | | | 15 | 2020 | \$ | 20,000.00 | | | |
| City Harrisburg | HarrisburgStateZip Code (Plus 4)PA17104 | | | | Description of Expenditure Political contribution | | | | | |
| To Whom Paid Family and Friends of Janet Dia: | z | | мо | DAY | YEAR | | | | | |
| Mailing Address 215 LEPORE | DR | | 10 | 15 | 2020 | \$ | 10,000.00 | | | |
| City Lancaster | State PA | Zip Code (Plus 4) 17602 | Description of Expenditure Political contribution | | | | | | | |
| | | | | | | | | | | |
| | | | мо | DAY | YEAR | | | | | |
| To Whom Paid Friends of Jill Dennin Mailing Address 1210 Mega L | Lane | | мо 10 | DAY 15 | YEAR 2020 | \$ | 5,000.00 | | | |
| Friends of Jill Dennin | Lane State PA | Zip Code (Plus 4) 19525 | 10 Descrip | | 2020 Denditure | \$ | 5,000.00 | | | |
| Friends of Jill Dennin Mailing Address 1210 Mega L City Gilbertsville To Whom Paid | State | | 10 Descrip | 15 otion of Exp | 2020 Denditure | \$ | 5,000.00 | | | |
| Friends of Jill Dennin Mailing Address 1210 Mega L City Gilbertsville To Whom Paid Friends of Pam Lovino Meiling Address | State | | 10 Descrip Politica | 15 Stion of Exp I contributi | 2020 penditure | \$ | | | | |
| Friends of Jill Dennin Mailing Address 1210 Mega L City Gilbertsville To Whom Paid Friends of Pam Lovino | State PA | | 10 Descrip Politica MO 10 Descrip | 15 Ition of Exp contributi | 2020 enditure on YEAR 2020 enditure | | | | | |
| Friends of Jill Dennin Mailing Address 1210 Mega L City Gilbertsville To Whom Paid Friends of Pam Lovino Mailing Address 750 Washing City Pittsburgh To Whom Paid | State PA gton Road Apt 201 State | 19525 Zip Code (Plus 4) | 10 Descrip Politica MO 10 Descrip | 15 Nation of Exp I contributi DAY 15 | 2020 enditure on YEAR 2020 enditure | | | | | |
| Friends of Jill Dennin Mailing Address 1210 Mega L City Gilbertsville To Whom Paid Friends of Pam Lovino Mailing Address 750 Washing | State PA gton Road Apt 201 State PA | 19525 Zip Code (Plus 4) | 10 Descrip Politica MO 10 Descrip Politica | 15 I contributi DAY 15 I contributi | 2020 penditure on YEAR 2020 penditure on | | 5,000.00 | | | |

| | | | | | | | IAGE 15 | | |
|---|--|--|----|--|--|----|------------------------------|--|--|
| To Whom Paid Rick for West Philly | | | | DAY | YEAR | | | | |
| Mailing Address 4943 Chestnut Street, Apt 2 | | | | 15 | 2020 | \$ | 5,000.00 | | |
| CityPhiladelphiaStateZip Code (Plus 4)PA19139 | | | | Description of Expenditure Political contribution | | | | | |
| To Whom Paid Friends of Shanna Danielson | | | мо | DAY | YEAR | | | | |
| Mailing Address 170 Martel Cir | | | | 15 | 2020 | \$ | 10,000.00 | | |
| City DillsBurgh | IsBurgh State Zip Code (Plus 4) PA 17019 | | | | Description of Expenditure Political contribution | | | | |
| To Whom Paid Friends of Lissa | | | мо | DAY | YEAR | | | | |
| Mailing Address PO Box 107 | | | 10 | 16 | 2020 | \$ | 10,000.00 | | |
| City Allison Park | Allison Park State Zip Code (Plus 4) PA 15101 | | | | benditure ion | 1 | | | |
| To Whom Paid Committee to Elect Ryan Bizzarro | | | мо | DAY | YEAR | | | | |
| Mailing Address PO Box 8570 | | | 10 | 19 | 2020 | \$ | 2,500.00 | | |
| ity Erie State Zip Code (Plus 4) Description of E PA 16506 Political contrib | | | | | | 1 | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ | PAGE TOTAL 101,548.41 | | |

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

| Name of Filing Committee or Candidate Reportin | | | | na Period | | | | | |
|--|---|----|--|-----------|---|------|-------------------|--------------------------------|--------------------------------|
| LOCAL 0032BJ PA AMERICAN DREAM FUND From: | | | | 6/23/2020 | То: | | <u>10/19/2020</u> | | |
| | | | | | | DATE | | | Outstanding Balance of Debt |
| Name of Creditor SEIU Local 32BJ | | | | мо | DAY | YEAR | | | |
| Mailing Address 25 West 18th Street | | | | 8 | 20 | 2020 | \$ | 7,957.20 | |
| City New York | City New York State Zip Code (Plus 4) NY 10011 | | | | Description of Debt IK - Brittney Rodas - Salaries | | | | |
| | | | | | | DATE | | | Outstanding Balance of Debt |
| Name of Creditor SEIU Local 32BJ | | | | | мо | DAY | YEAR | | |
| Mailing Address | Mailing Address 25 West 18th Street | | | | 8 | 31 | 2020 | \$ | 8,920.00 |
| City New York | Y York State Zip Code (Plus 4) NY 10011 | | | | Description of Debt IK - Janet Diaz - Salaries | | | | |
| | | | | | 1 | DATE | | | Outstanding Balance of Debt |
| Name of Creditor SEIU Local 32BJ | | | | | мо | DAY | YEAR | | |
| Mailing Address | iling Address 25 West 18th Street | | | | 9 | 21 | 2020 | \$ | 4,382.00 |
| City New York | Y New York State Zip Code (Plus 4) NY 10011 | | | | Description of Debt IK - Michele Knoll - Salaries | | | | |
| | | | | | | | | Outstanding Balance of Debt | |
| Name of Creditor SEIU Local 32BJ | | | | | мо | DAY | YEAR | | |
| Mailing Address | 25 West 18th Stree | et | | | 9 | 22 | 2020 | \$ | 5,026.00 |
| City New York | State Zip Code (Plus 4) NY 10011 | | | | Description of Debt IK - Emily Skopov - Salaries | | | | |

| | | | | | DATE | | | Outstanding Balance of Debt | | |
|-------------------------------------|--|------------|----------------------------|------|---|-----------|-----|--------------------------------|--|--|
| Name of Creditor SEIU Local 32BJ | | | | мо | DAY | YEAR | | | | |
| Mailing Address | 25 West 18th Street | | | | 7 | 2020 | \$ | 2,995.52 | | |
| City New York | City New York State Zip Code (Plus 4) | | | | Description of Debt | | | | | |
| | NY 10011 | | | | rold Hayes | s - Salar | ies | | | |
| | | | | | DATE | | | Outstanding Balance of Debt | | |
| Name of Creditor SEIU Local 32BJ | | | | мо | DAY | YEAR | | | | |
| Mailing Address | 25 West 18th Stre | et | | 10 | 7 | 2020 | \$ | 3,591.68 | | |
| City New York | StateZip Code (Plus 4)NY10011 | | | | Description of Debt IK - Rick Krajewski - Salaries | | | | | |
| | | 1 | | DATE | | | | Outstanding Balance of Debt | | |
| Name of Creditor SEIU Local 32BJ | | | | мо | DAY | YEAR | | | | |
| Mailing Address | 25 West 18th Stre | et | | 10 | 12 | 2020 | \$ | 2,377.60 | | |
| City New York | StateZip Code (Plus 4)Description of DebtNY10011IK - Elizabeth Fiedler - State | | | | | alaries | ; | | | |
| | | | | | | | | PAGE TOTAL | | |
| Enter Grand To | otal of Unpaid Deb | ts on Page | 1, Report Cover Page, Item | 1 G. | | | \$ | 35,250.00 | | |