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 2005	226			Repo Filed		/ :	CA	NDI	DATE		COM	AITTEE	Y	LUB	D1131		
Name of Filing C	ommittee, Candida	ate or L	obbyist:	,	LOCA	L 0	032E	J PA	AME	RICAN	I DRI	EAM FU	ND .					
Street Address:	28 WEST 18TI	H ST																
City:	NEW YORK							State	e:	NY			Zip Co	de: 10	0011			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.		30 DA PRIMA		P	POST-	3.		AMENDN REPORT		Yes	No)	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.		30 DA ELECT		P	OST-	6.		TERMINA REPORT		Yes	No)	√
report type)	ANNUAL REPORT	7. X	Year 2020			ľ		IG ME					PAPER		M	DISKE	TTE	
Name of Office S	ought by Candidat	te:						DAT	ΈO	F ELEC	CTIO	N	District Number	Office Code	Pa	rty Code	Cour	
								МО		DAY	YE	AR						
									11		3	2020		(SEE IN	STRUCTI	ONS FOR	CODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR			_	МО		DAY	ΥI	EAR	FC	R OFFI	CE USE	ONLY		
			11 24	20	020	T) 		12	3	31	2020						
	ught Forward Fron		•				\$					524.34						
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	1 Sche	dule 1	[)	\$				50,0	00.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				71,6	524.34						
D. Total Expenditures (From Schedule III)							\$					0.00						
	Balance (Subtract						\$				71,6	24.34						
	Kind Contributions				le II)		\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	')			\$				56,4	186.60						_
					IDA۱													
	s a Committee report, incl	•	_									_		f my kno	wledge	and beli	ef , tr	ue.
-	cribed before me this											Signature	of Perso	n Submit	ting Re	port		_
	day of — ————		_ 20													•		
	Signatu	re					•						Prin	ted Name	à			
My Commission Ex									•				Ema					
	МО		AY	YR	•••	_					a Coc	le	Daytin	ie Teleph	one Nu	ımber		Ⅎ
	a report of a cand that to the best of m									_		v provis	ions of th	e act of J	une 3,1	.937 (P.I	133:	3,
No 320) as amende		•																_
Sworn to and Subsc	day of		20									S	ignature (of Candid	ate			
													Printe	d Name				-
My Commission Exp	Signature ires												Ema	il				-
	мо	D	AY	YR		_				Area	Code		D	aytime T	elepho	ne 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:	11/24/202	<u>20</u> To:	12/31/2020
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	\$	0.00		
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	50,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	50,000.00
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			\$	50,000.00

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		Reporting Period						
			From: To			То	o:		
		<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 Fining Committee of Camulate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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	eriod		
LOCAL 0032BJ PA AMERICAN DREAM FUND	From:	11/24/2020	То:	12/31/2020

DATE AMOUNT

Full Name of Contributing Committee SEIU Local 32BJ				DAY	YEAR	
Mailing Address 25 West 18th Street						\$ 50,000.00
City New York	State NY	Zip Code (Plus 4) 10011	12	28	2020	

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

PAGE TOTAL 50,000.00

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			orting Pe	ilou				
		From:				То:		
			D/	ATE		АМ	OUNT	
			МО	DAY	YEAR			
Mailing Address City State Zip Code (Plus 4)						\$	0.00	
City State Zip Code (Plus 4)								
			Occupation					
e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							GE TOTAL 0.00	
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Other State	State Zip Code (Plus 4) Occupation Occupation Other State Occupation Output Outp	DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation City 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		Report	ing Perio	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	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	od	
LOCAL 0032BJ PA AMERICAN DREAM FUND	From:	<u>11/24/2020</u> To:	<u>12/31/2020</u>
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	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				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 Sum	mary Pag	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	ame of Filing Committee or Candidate				Re	porting F	Period				
					Fro	om:		To:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address								\$	0.00		
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	tion		•		
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	Reporting Period						
	From			То:			
		•		DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Plus 4) Description of Expenditure				
Forting Council Total of Forman distance					PAGE TOTAL		
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	0.00

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 Comm	ame of Filing Committee or Candidate Reportin		ng Period							
LOCAL 0032BJ PA A	PA AMERICAN DREAM FUND From:			From:	<u>11</u>	/24/2020	То:		12/31/2020	
						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		State Zip Code (Plus 4) NY 10011			Description of Debt IK - Brittney Rodas - Salaries					
					Outstanding DATE Balance of Debt					
Name of Creditor SEIU Local 32BJ					МО	DAY	YEAR			
Mailing Address	State Zin Code (Plus 4)				8	31	2020	\$	8,920.00	
City New York	State Zip Code (Plus 4) NY 10011			ıs 4)	Description of Debt IK - Janet Diaz - Salaries					
					Outstanding DATE Balance of Debt					
Name of Creditor SEIU Local 32BJ					мо	DAY	YEAR			
Mailing Address	25 West 18th Stree	et			9	21	2020	\$	4,382.00	
City New York		State NY	Zip Code (Plu	us 4)	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 Street				9	22	2020	\$	5,026.00		
City New York	State Zip Code (Plus 4) NY 10011				Description of Debt IK - Emily Skopov - Salaries					
		'`'	10011		111 [11	y 5.0000	, Jaiai R			

						DATE			Outstanding Balance of Debt		
Name of Co					мо	DAY	YEAR				
Mailing Ad	g Address 25 West 18th Street				10	7	2020	\$	2,995.52		
City Ne	New York State Zip Code (Plus 4) 10011					Description of Debt IK - Harold Hayes - Salaries					
•						DATE		Outstanding Balance of Debt			
Name of Creditor SEIU Local 32BJ					МО	DAY	YEAR				
Mailing Address 25 West 18th Street					10	7	2020	\$	3,591.68		
City Ne	w York		State NY	Zip Code (Plus 4) 10011	Description of Debt IK - Rick Krajewski - Salaries						
					•	DATE		C	outstanding calance of Debt		
Name of Creditor SEIU Local 32BJ					МО	DAY	YEAR				
Mailing Address 25 West 18th Street					10	12	2020	\$	2,377.60		
City Ne	New York State Zip Code (Plus 4) NY 10011				Description of Debt IK - Elizabeth Fiedler - Salaries						
				·		DATE			outstanding salance of Debt		
Name of Creditor RED HORSE STRATEGIES					МО	DAY	YEAR				
Mailing Address 55 WASHINGTON STREET					10	20	2020	\$	13,272.87		
City BR	OOKLYN		State NY	Zip Code (Plus 4) 11201		otion of Del	ilers				
						DATE		Outstanding Balance of Debt			
Name of Creditor RED HORSE STRATEGIES					МО	DAY	YEAR				
Mailing Address 55 WASHINGTON STREET					10	20	2020	\$	7,963.73		
City BR	OOKLYN		State NY	Zip Code (Plus 4) 11201	Descrip Ind Exp						
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								\$	PAGE TOTAL 56,486.60		