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 2022	0494			Rep File			CAND	IDATE		СОМ	ITTEE	✓	LOBE	SYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		WFP	NA	TION	AL PAC									
Street Address:	77 SANDS ST	REET 6	ΓH FL														
City:	BROOKLYN							State:	State: NY				Zip Code: 11201				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	- 2	2.	30 DA		POST-	ST- 3.		AMENDMENT REPORT?		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY ELECTION	y pre	<u>-</u>	5.	30 DA		POST-				ATION ?	Yes	No	~	
report type)	ANNUAL REPORT	7.	Year 2022					NG METH CHECK C				PAPER			DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE ()F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code	,
								МО	DAY	YI	EAR	ivanibei	code			Couc	
								11		8	2022		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		6 7	2	022	Т	0	g)	19	2022						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				0.00						
B. Total Monetary Contributions And Receipts (From Schedule I) \$							0.00]									
C. Total Funds Available (Sum Of Lines A and B)							\$				0.00						
D. Total Expenditures (From Schedule III)							\$			20,3	304.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$		(20,3	04.00)]						
F. Value Of In-	Kind Contributions	Receiv	ed (From So	chedu	le II)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			\$				0.00						
				AFF	IDA	١٧٧	T SE	CTION									
	s a Committee rep		_														
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	nedule	s filed	d on	paper	or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , true	1
Sworn to and subs	cribed before me this day of	•	20							5	Signature	of Perso	n Submit	ting Rep	ort		
			-				-					Prin	ted Name	e			
My Commission Ex	Signatu opires	re										Ema	il				
	мо	D	AY	YR			_		Ar	ea Co	de		e Teleph	none Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has i	not viola	ted ar	ny provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,	1
Sworn to and subsc	ribed before me this										S	ignature o	of Candid	ate			
	day of ————————————————————————————————————		_ 20				_					Duinte	d Name				١
	Signature						-					Printe	d Name				
My Commission Exp	_											Ema	il				
	МО	D	AY	YR	l		-		Area	Code		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period			
WFP NATIONAL PAC	From:	6/7/2022	<u>2</u> To:	9/19/2022	
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)	All Other Contributions (Part B)				
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 ar 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

	his Part to itemize on with an aggregate val							
Name of Filing Comm	ittee or Candidate		Re					
			From: To			o:		
					DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•					-	Г	PAGE 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 Filling Committee of Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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	ne of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary 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 Candidate				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
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 Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	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 Period							
WFP NATIONAL PAC	From:	<u>6/7/2022</u> To:	9/19/2022					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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,		\$	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 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					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti				
WFP NATIONAL PAC		From <u>6/7/2</u>		To:	9/19/2022
		DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR		

Base Builder			МО	DAY	YEAR			
Mailing Address 77 Sands s	treet		9	19	2022	\$	20,304.00	
City Brooklyn	State NY	Zip Code (Plus 4) 11201	Description of Expenditure Canvassing for Josh Shapiro for Gov					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	

20,304.00