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	20220	0494			Rep File	oort		CAND	IDATE		СОМ	ITTEE	✓	LOB	BYIST			
Name of Filing C	Committee, Ca	andida	te or Lo	obbyist:		WFP	NA	TION	AL PAC										
Street Address:	77 SAND	S STF	REET 6T	H FL															
City:	BROOKLY	YN							State:	NY			Zip Cod	Zip Code: 11201					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3.			AMENDMENT Yes No REPORT?					
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY ELECTION	y pre	<u>-</u>	5.	30 DA ELECT		POST-	6. X		TERMINA REPORT		Yes	No	•	/	
report type)	ANNUAL REP	PORT	7.	Year 2022					NG METH CHECK C				PAPER		/	DISKE	TTE		
Name of Office S	Sought by Can	ndidat	e:						DATE (OF ELE	CTIC	N	District Number	Office Code	Pa	rty Code	Coun		
									МО	DAY	YI	AR		100.0			-		
									11		8	2022		(SEE IN	ISTRUCTI	ONS FOR	CODES)		
Summary of Expenditures		nd	МО	DAY	YEAR	2		_	МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY			
			1	.0 25	2	022	Т	<u> </u>	11	L	28	2022							
A. Amount Bro	ught Forward	l From	Last Ro	eport				\$				0.00							
B. Total Monet	ary Contribut	ions A	and Rece	eipts (From	Sche	dule	I)	\$				0.00							
C. Total Funds	Available (Su	ım Of	Lines A	and B)				\$				0.00							
D. Total Expen	ditures (From	n Sche	dule III	I)				\$			6	24.08							
E. Ending Cash	Balance (Sub	btract	Line D	From Line (C)			\$			(62	24.08)							
F. Value Of In-	Kind Contribu	utions	Receive	ed (From So	chedu	le II)	\$				0.00							
G. Unpaid Debt	ts And Obliga	tions ((From S	chedule IV)			\$				0.00			•				
					AFF	IDA	١٧٧	T SE	CTION										
PART I - If this is		-	-	_						-									
I swear (or affirm) correct and complete		rt, inclu	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	and beli	ef , tru	1e	
Sworn to and subs	cribed before m	ne this		20							S	Signature	of Perso	n Submit	ting Re	port		-	
								-					Prin	ted Name	e			_	
My Commission Ex		ignatur	е										Ema	il				-	
	мо		DA	ΛΥ	YR			-		Ar	ea Coo	le		e Telepi	none Nu	ımber		-	
Part II- If this is	a report of a	cand	idate's a	authorized	Comn	nitte	e, C	andida	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende		st of m	y knowle	dge and beli	ef this	polit	ical	commi	ittee has i	not viola	ted an	y provis	ions of th	e act of J	une 3,1	.937 (P.L	. 1333	3,	
Sworn to and subsc	ribed before me	e this										s	ignature o	of Candid	ate			-	
	day of			20				_					D	d Name				_	
	Signa	ature						-					Printe	d Name					
My Commission Exp	_	utul C											Ema	il				-	
	M	0	D#	ΛΥ	YR	1		-		Area	Code		Da	aytime T	elepho	ne Numb	er	-	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
WFP NATIONAL PAC	From:	10/25/202	2 <u>2</u> To:	11/28/2022
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)			\$	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

	nis Part to itemize onl vith an aggregate valu							
Name of Filing Commit	tee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u>.</u>			DATE			AMOUNT
Full Name of Contributing	g Committee			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

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 Candi	date			Rep	orting P	eriod			
				Fro	m:		To):	
						DATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
								$\overline{}$	

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 Candidate	ame of Filing Committee or Candidate			Reporting Period						
			Fron	n:		То	То:			
				D	ATE		АМО	DUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plu	s 4)							
Employer Name				Occupat	tion					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAC	GE 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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		А	MOUNT
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. Detailed	l Summary Page	Section	4			P/	AGE TOTAL
	Juliana 1/ Butanet	. January rage,		••			\$	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 Per	od	
WFP NATIONAL PAC	From:	<u>10/25/2022</u> To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	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

624.08

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti				
WFP NATIONAL PAC				10/2	11/28/2022		
				DATE			AMOUNT
To Whom Paid Community Labor Administra	ative Services		МО	DAY	YEAR		
Mailing Address 77 Sands	Street 6th fl		11	7	2022	\$	624.08
City Brooklyn State Zip Code (Plus 4) NY 11201			Description of Expenditure Texting				
	•	•					PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.