Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 20220494 Number :						ort		CANE)ID/	ATE		COMM	1ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		WFP	NA	TION	AL PAC										
Street Address:	77 SANDS ST	REET 61	ΓH FL															
City:	BROOKLYN					State:				NY			Zip Code: 11201					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY PRE- 2. PRIMARY					AY ARY	РО	ST- 3	ST- 3.			IENT	Yes	No	•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	y pre	Ē- 5	5.	30 DA		PO	ST- 6	5.		TERMINA REPORT		Yes	No		\
report type)	ANNUAL REPORT	7.	Year 2023					NG METI CHECK					PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	te:						DATE	OF	ELEC'	TIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	D	PAY	YE	AR	Number	Code			couc	
								1	1	7	7	2023		(SEE IN	STRUCTI	ONS FOR O	CODES)
	Receipts and	МО	DAY	YEAR	R			МО	D	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		1 1	2	023	Т	0		3	27	7	2023						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$					0.00						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$					0.00						
D. Total Expen	ditures (From Sch	edule II	I)				\$			2	20,0	00.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$			(20	0,00	0.00)						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			\$					0.00			1			
				AFF	IDA	VI	T SE	CTION	I									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	If thi	is is	a Car	ndidate	rep	ort, ca	ndid	ate sig	ın here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached scl	nedules	s filed	l on	paper	or by ele	ctro	nic med	lium,	are to t	he best o	f my kno	wledge	and belie	ef , tru	ue
Sworn to and subs	cribed before me this day of	•	20						_		Si	gnature	of Perso	n Submit	ting Rep	ort		_
	- 		_				-		_				Prin	ted Name	e			-
My Commission Ex	Signatu opires	re							_				Ema	il				-
MO DAY YR Area Code Daytime Telephone									none Nu	mber		_						
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate sha	ll sig	gn her	e.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	politi	ical	comm	ittee has	not	violate	d any	/ provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this								_			Si	ignature o	of Candid	ate			-
	day of		_ 20				_		_				Drinto	d Name				_
	Signature						-						rinte	d Name				
My Commission Exp	_												Ema	il				_
	МО	D	AY	YR	!		-		_	Area Co	ode		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
WFP NATIONAL PAC	From:	1/1/202	<u>3</u> To:	3/27/2023
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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE 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 of Candidate				Reporting Period From: To:				
					DATE		AN	4OUNT
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 Re			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 Rep				Reporting Period					
			Fron	n:		To	То:		
				D	ATE		АМ	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupa	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.			PA \$	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 Period		
WFP NATIONAL PAC	From:	<u>1/1/2023</u> To:	<u>3/27/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candid	lame of Filing Committee or Candidate						
	From:			To:			
				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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	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	Reporting	Period	od		
WFP NATIONAL PAC	From	1/1/2023	То:	3/27/2023	
		DATE		AMOUNT	

				DATE			AMOUNT
To Whom Paid Helen Gym for Mayor			МО	DAY	YEAR		
Mailing Address PO Box 11766			3	23	2023	\$	20,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19101	Description of Expenditure Contribution				
Enter Count Tatal of Even and itures on Daniel I Barrett County Daniel I tame D							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	20,000.00