Campaign Finance Report

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

Filer Identificat Number :	ion 2022	20494			Repor Filed I		CANDI	DATE		СОМ	MITTEE	✓	LOBI	BYIST	
Name of Filing O	Committee, Candid	ate or Lo	obbyist:	v	WFP NA	ATION	IAL 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.	2ND FRIDA PRIMARY	Y PRE-	2. X	30 D. PRIM		POST-	3.		AMENDMENT REPORT?		Yes	No	· 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	- 5.	30 D. ELEC	AY I TION	POST- 6.		TERMINATION REPORT?		Yes	No	· 🗸	
report type)	eport type) ANNUAL REPORT 7. Year 2023 FILING METHOD () CHECK ONE									PAPER		\checkmark	DISK	TTE	
Name of Office S	L Sought by Candida	te:					DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County
							мо	DAY	YE.	AR					1
							11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	R OFFIC	E USE	ONLY	
Expenditures	s from:		3 28	20)23 1	0	5		1	2023					
A. Amount Bro	ught Forward Fror	m 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 Expen	ditures (From Sch	edule II	I)			\$;	5	528,1	20.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$		(52	28,12	0.00)	-				
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedule	e II)	\$	5			0.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')		\$	5			0.00					
				AFFI	[DAV]	T SE	CTION								
PART I - If this i	s a Committee rep	ort, trea	surer sign	here. I	f this is	s a Ca	ndidate re	eport, c	andid	late sig	gn here.				
I swear (or affirm correct and compl) that this report, inc ete.	luding the	e attached sc	hedules	filed on	paper	or by elect	ronic me	edium,	are to t	the best o	f my knov	vledge	and bel	ief , true
Sworn to and subs	scribed before me this day of	5	20						Si	gnature	e of Perso	n Submitt	ing Rep	oort	
	Signatu	ire				_					Prin	ted Name			
My Commission E	-										Ema	il			
	мо	D/	AY	YR				Are	ea Code	e	Daytin	e Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comm	ittee, C	Candic	late shall	sign he	ere.						
I swear (or affirm) No 320) as amend) that to the best of r ed.	ny knowle	edge and beli	ef this p	political	comn	nittee has n	ot violat	ted any	/ provis	ions of th	e act of Ju	ine 3,1	937 (P.I	L. 1333,
Sworn to and subso	cribed before me this day of		20							s	ignature (of Candida	ite		
						_					Printe	d Name			
	Signature					_					Ema				
My Commission Exp	oires					_					cma	••			
	мо	D	AY	YR		_		Area	Code		D	aytime Te	elephon	e Numb	per

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** WFP NATIONAL PAC From: <u>3/28/2023</u> To: <u>5/1/2023</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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:		То	:		
		·		DATE			AMOUNT	
Full Name of Contributing	Committee		мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
						Г	PAGE TOTAL	
Enter Grand Total of Pa	art A on Schedule I, Detail	ed Summary Page, Sec	tion 2.			\$	0.00	

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

\$

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		Rep Froi	orting P m:	eriod	То):		
					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 Schedule I, Detailed Summary Page, Section 2. \$ 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 Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commi	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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:

					ATE		AMOUNT			
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 Place of City Business					State		Zip Code ((Plus 4)		
Enter Grand Total of Part C on S	chedule I, Deta	iled Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL		
							\$	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	
Full Name				мо	DAY	YEAR			
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description	•								
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	ſAL
		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 Period		
WFP NATIONAL PAC	From:	<u>3/28/2023</u> To:	<u>5/1/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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 Candidate R			Reporting Period					
F						То:		
				DATE		АМС	DUNT	
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 Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	5	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
					Fro	rom: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State			State		Zip Code(Plus 4) Descri			ption of	Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	2		Reporti	ng Period					
WFP NATIONAL PAC			From	<u>3/2</u>	<u>8/2023</u>	То:	<u>5/1/2023</u>		
				DATE			AMOUNT		
To Whom Paid API PA Votes			мо	DAY	YEAR				
Mailing Address 1528 WALNUT ST S	STE 808		5	1	2023	\$	60,000.00		
City Philadelphia	City Philadelphia State Zip Code (Plus 4) PA 19102			Description of Expenditure Contribution					
To Whom Paid Base Builder			мо	DAY	YEAR				
Mailing Address 77 Sands Street			4	3	2023	\$	120,000.00		
City Brooklyn	Descrip Canvas	otion of Ex	penditure	1					
To Whom Paid CCM&Co			мо	DAY	YEAR				
Mailing Address 1022 Boulevard #3	329		4	3	2023	\$	7,320.00		
City West Hartford	State CA	Zip Code (Plus 4) 06119		ition of Ex ure Design	penditure	2			
To Whom Paid CCM&Co			мо	DAY	YEAR				
Mailing Address 1022 Boulevard #3	329		5	1	2023	\$	5,000.00		
City West Hartford	State CA	Zip Code (Plus 4) 06119	-	otion of Ex ure design	penditure	2			
To Whom Paid Community Labor Administrative Services		мо	DAY	YEAR					
Mailing Address 77 Sand Street			4	4	2023	\$	8,750.00		
City Brooklyn	State NY	Zip Code (Plus 4)	Descrip Texting	otion of Exp	penditure				

To Whom Paid								
Community Labor Administrative Services			мо	DAY	YEAR			
· · · · · · · · · · · · · · · · · · ·								
Mailing Address 77 Sand Street			4	18	2023	\$	3,000.00	
City Brooklyn	State	Zip Code (Plus 4)	Descrip	otion of Exp	penditure			
NY 11201			Texting					
To Whom Paid Community Labor Administrative Services			мо	DAY	YEAR			
Mailing Address 77 Sand Street			4	18	2023	\$	8,700.00	
City Brooklyn	State	Zip Code (Plus 4)	Descrip	tion of Exp	, Denditure			
Drooklyn	NY	11201	Texting					
To Whom Paid		-			VEAD			
Data For Progress			мо	DAY	YEAR			
Mailing Address 815 Black Lives Matter Plaza, Suite 5080			4	3	2023	\$	15,000.00	
City Washington	Zip Code (Plus 4)	Description of Expenditure						
DC 20006				polling				
To Whom Paid				DAY	YEAR			
Grassroots Media			мо		TEAR			
Mailing Address 146 Montgomery Avenue, Suite 201			4	28	2023	\$	300,000.00	
City Bala Cynwyd	State	Zip Code (Plus 4)	Description of Expenditure					
	РА	19004	TV Ads					
To Whom Paid	•	•		DAY	VEAD			
L2			мо	DAY	YEAR			
Mailing Address 8912 North Creek Parkway Bldg A, Suite 201			4	16	2023	\$	350.00	
City Bothell State Zip Code (Plus 4)				Description of Expenditure				
	WA	98011 Design						
							PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	528,120.00	