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 202	20494			Repo Filed			CAN	DII	DATE		СОМ	ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:	<u> </u>	WFP I	NAT	ΓΙΟΝ	AL PAC	2									
Street Address:	77 SANDS S	TREET 6	TH FL															
City:	BROOKLYN							State:		NY			Zip Cod	le: 1	1201			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	RE-	2.		30 DA PRIMA		P	OST-	3.		AMENDM REPORT?		Yes	No	•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY I ELECTION	PRE-	- 5.		30 DA		P	OST-	6.		TERMINA REPORT?		Yes	No		\
report type)	ANNUAL REPOR	r 7.	Year 2023					IG MET CHECK					PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candid	ate:	_					DATE	0	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
								МО		DAY	YI	AR	11020.	10000			-	·
									11		7	2023		(SEE I	ISTRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY YE	AR				МО		DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	irom:		9 19	20)23	T	o 		10	2	23	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sc	hec	dule I	()	\$					0.00						
C. Total Funds	Available (Sum (of Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Sc	nedule II	I)				\$			4	411,	108.38						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$			(4	11,1	08.38)						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II)		\$				3	353.14						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$					0.00			'			
			А	FFI	IDA۱	/IT	ſ SE	CTIO	N									
PART I - If this is	s a Committee re	port, trea	surer sign her	e. I	f this	is	a Car	ndidate	re	port, c	candi	date sig	ın here.					
I swear (or affirm) correct and complete) that this report, in ete.	cluding the	e attached sched	ules	filed	on p	oaper (or by ele	ectr	onic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ue.
Sworn to and subs	cribed before me th	is	20						•		5	Signature	of Perso	n Submit	ting Rep	ort		-
	Signat	ura	_				-		•				Prin	ted Nam	e			-
My Commission Ex	_	uic							-				Emai	il				-
	мо	D	AY	YR			-		_	Are	ea Co	le	Daytim	e Telep	hone Nu	mber		
Part II- If this is	a report of a car	ndidate's	authorized Co	mm	ittee	, Ca	ndid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief t	this	politic	al d	comm	ittee ha	s no	ot viola	ted ar	y provis	ions of the	e act of I	lune 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc		5										s	ignature o	of Candid	late			- [
-	day of —— ————						•						Drinto	d Name				_
	Signature	1							_									_
My Commission Exp	_								-				Ema	il				
	МО	D	AY	YR						Area	Code		Da	ytime 1	Telephon	e Numbe	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
WFP NATIONAL PAC	From:	9/19/202	<u>3</u> To:	10/23/2023
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

Name of Filing Commit	tee or Candidate		Re	eporting	Period			
			Fr	om:		То	:	
					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.

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 Cand	idate		Rep	oorting P	eriod			
			Fro	m:		To):	
					DATE		АМ	OUNT
Full Name of Contributor				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

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 Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	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 Candida	ite			Rep	orting Pe	riod			
				Froi	m:		To) :	
					D	ATE		AM	OUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	5 4)					
Employer Name		•			Occupa	tion	•	•	
Employer Mailing Address/Principal F Business	Place of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on So	chedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P/	AGE 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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	İ	
WFP NATIONAL PAC	From:	<u>9/19/2023</u> To:	10/23/2023
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)	\$	353.14
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,		\$	353.14

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Can	didate		Reporting	Period			
WFP NATIONAL PAC			From:	<u>9/</u>	19/2023	То:	10/23/2023
		•		DATE			AMOUNT
Full Name of Contributor UNITE HERE Local 274			мо	DAY	YEAR		
Mailing Address 1215 N Broa	ad Street Suite 219		10	17	2023	\$	155.76
City Philadelphia	State	Zip Code (Plus 4)	†				
·	PA	19147					
Description of Contribution:	ontact lict						
Full Name of Contributor	ontact list		МО	DAY	YEAR		
Full Name of Contributor SEIU Healthcare Pennsylvania Mailing Address 1500 N 2nd			MO	DAY 17		\$	197.38
Full Name of Contributor SEIU Healthcare Pennsylvania Mailing Address 1500 N 2nd		Zip Code (Plus 4)			YEAR 2023	\$	197.38
Full Name of Contributor SEIU Healthcare Pennsylvania Mailing Address 1500 N 2nd	St	Zip Code (Plus 4) 17102				\$	197.38
Full Name of Contributor SEIU Healthcare Pennsylvania Mailing Address 1500 N 2nd City Harrisburg	St State					\$	197.38
Full Name of Contributor SEIU Healthcare Pennsylvania Mailing Address 1500 N 2nd City Harrisburg	St State PA ontact list	17102	10	17	2023	\$	197.38

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

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	2		Reportir	ng Period			
WFP NATIONAL PAC			From	<u>9/19</u>	9/2023	То:	10/23/2023
				DATE			AMOUNT
To Whom Paid Community Labor Administrative Serv	ices		МО	DAY	YEAR		
Mailing Address 77 Sands St			9	26	2023	\$	2,783.00
City Brooklyn	State NY	Zip Code (Plus 4) 11201		otion of Exp			
To Whom Paid Community Labor Administrative Serv	ices		МО	DAY	YEAR		
Mailing Address 77 Sands St			9	26	2023	\$	2,783.00
City Brooklyn	State NY	Zip Code (Plus 4) 11201		otion of Exp			
To Whom Paid CCM & Co.			МО	DAY	YEAR		
Mailing Address 1022 Boulevard #3	29		10	13	2023	\$	3,350.00
City West Hartford	State CT	Zip Code (Plus 4) 06117	1 .	otion of Exp			ke IE
To Whom Paid CCM & Co.		•	мо	DAY	YEAR		
Mailing Address 1022 Boulevard #3	29		10	13	2023	\$	3,350.00
City West Hartford	State CT	Zip Code (Plus 4) 06117		otion of Exp literature			IE
To Whom Paid CCM & Co.			МО	DAY	YEAR		
Mailing Address 1022 Boulevard #3			10	13	2023	\$	6,650.00
City West Hartford	State CT	Zip Code (Plus 4) 06117	1	tion of Exp			IE

To Whom Paid							
CCM & Co.			мо	DAY	YEAR		
Mailing Address 1022 Boulevard #329			10	15	2023	\$	535.00
City West Hartford S	State CT	Zip Code (Plus 4) 06117		tion of Exp t-shirts, et		endra Bro	ooks IE
To Whom Paid CCM & Co.			МО	DAY	YEAR		
Mailing Address 1022 Boulevard #329			10	15	2023	\$	535.00
City West Hartford S	State CT	Zip Code (Plus 4) 06117		tion of Exp t-shirts, et		colas O'F	Rourke IE
To Whom Paid CCM & Co.			МО	DAY	YEAR		
Mailing Address 1022 Boulevard #329			10	15	2023	\$	45,105.00
City West Hartford S	State CT	Zip Code (Plus 4) 06117		tion of Exp		IE	
To Whom Paid CCM & Co.			МО	DAY	YEAR		
			MO	DAY 15	YEAR 2023	\$	45,105.00
CCM & Co. Mailing Address 1022 Boulevard #329	State CT	Zip Code (Plus 4) 06117	10 Descrip		2023 penditure		45,105.00
CCM & Co. Mailing Address 1022 Boulevard #329	State		10 Descrip	15	2023 penditure		45,105.00
CCM & Co. Mailing Address 1022 Boulevard #329 City West Hartford S To Whom Paid	State CT		10 Descrip Mailing	15 Ition of Exp for Nicolas	2023 penditure s O'Rourk		45,105.00 75,000.00
CCM & Co. Mailing Address 1022 Boulevard #329 City West Hartford S To Whom Paid Mission Creative Inc. Mailing Address 10102 Spring Lake Te	State CT		Descrip Mailing MO 10 Descrip	15 tion of Exp for Nicolas	2023 penditure S O'Rourk YEAR 2023 penditure	e IE	
CCM & Co. Mailing Address 1022 Boulevard #329 City West Hartford S To Whom Paid Mission Creative Inc. Mailing Address 10102 Spring Lake Te	CT CT errace	06117 Zip Code (Plus 4)	Descrip Mailing MO 10 Descrip	15 Ition of Exp for Nicolas DAY 16	2023 penditure S O'Rourk YEAR 2023 penditure	e IE	
CCM & Co. Mailing Address 1022 Boulevard #329 City West Hartford S To Whom Paid Mission Creative Inc. Mailing Address 10102 Spring Lake Te City Fairfax S To Whom Paid	errace State VA	06117 Zip Code (Plus 4)	10 Descrip Mailing MO 10 Descrip Digital a	15 tion of Exp for Nicolas DAY 16 tion of Exp ads for Ker	2023 penditure s O'Rourk YEAR 2023 penditure andra Brock	e IE	

To Whom Paid Make The Road Action					DAY	YEAR			
Mailing Address 449 Troutman St Ste C				10	18	2023	\$	5,000.00	
City Brooklyn		State NY	Zip Code (Plus 4) 11237	Description of Expenditure Contribution					
To Whom Paid API PA Votes					DAY	YEAR			
Mailing Address PO Box 22611				10	18	2023	\$	10,000.00	
City Philadelphia	а	State PA	Zip Code (Plus 4) 19110	Description of Expenditure Contribution					
To Whom Paid Pelican Print Communication, LLC					DAY	YEAR			
Mailing Address	3930 Flagstone Ct			10	20	2023	\$	30,912.38	
City Florissant		State MO	Zip Code (Plus 4) 63033	Description of Expenditure Mailing for Matt Dugan IE					
To Whom Paid Free The Ballot Incarcerated Voter Family Network				МО	DAY	YEAR			
Mailing Address	Address 5107 Irving St.			10	18	2023	\$	5,000.00	
City Philadelphia	a	State	Transcript (Discret)	Description of Expenditure Contribution					
		PA	Zip Code (Plus 4) 19139			enditure			
To Whom Paid Base Builder		РА				YEAR			
	77 Sands St., 6th Fl			Contrib	ution		\$	50,000.00	
Base Builder	77 Sands St., 6th Fl			MO 10 Descrip	DAY	YEAR 2023		50,000.00	
Base Builder Mailing Address	77 Sands St., 6th Fl	oor State	19139 Zip Code (Plus 4)	MO 10 Descrip	DAY 13	YEAR 2023		50,000.00	
Mailing Address City Brooklyn To Whom Paid	77 Sands St., 6th Fl	oor State NY	19139 Zip Code (Plus 4)	MO 10 Descrip Canvas	DAY 13 stion of Expressing for Day	YEAR 2023 Denditure aniel McC		50,000.00	

To Whom Paid Base Builder							
Mailing Address 77 Sands St., 6th Floor				2023	\$	25,000.00	
State NY	Zip Code (Plus 4) 11201	Description of Expenditure Canvassing for Kendra Brooks IE					
enditures on Page 1, Re	port Cover Page, Item D				\$	PAGE TOTAL 411,108.38	
	State NY	State Zip Code (Plus 4) NY 11201	State Zip Code (Plus 4) Descrip	S St., 6th Floor State NY State NY 10 13 Description of Exp Canvassing for Ke	State NY State NY State NY State NY State 10 13 2023 Description of Expenditure Canvassing for Kendra Bro	State NY State	