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 :	Filer Identification 2005226 Number :							CANDI	DATE		СОМ	MITTEE	✓	LOB	BYIST	Γ	
Name of Filing C	Committee, Candida	ate or Lo	obbyist:		LOCAL	003	2BJ	I PA AME	ERICA	N DR	EAM FU	IND					
Street Address:	25 WEST 18T	H ST															
City:	NEW YORK							State:	NY			Zip Co	de: 10	011			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE-	- 2. X		DAY IMAI		POST-	3.		AMENDN REPORT		Yes	Ν	D	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	- 5.		0 DAY POST- 6. ELECTION				TERMIN/ REPORT		Yes	N	D	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2024					G METHO				PAPER	\checkmark	DISK	ETTE		
Name of Office S	Sought by Candidat	te:						DATE O	F ELE	СТІС	N	District Number	Office Code	Par	ty Code	Cou	
	,							мо	DAY	Y	AR	Number	code			Teor	5
								11		5	2024		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAR	2		I	мо	DAY	Y	EAR	FC	R OFFIC	e use	ONLY		
Expenditures	s from:		3 5	5 2	024	то		4		8	2024						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$		-	47,	519.23	1					
B. Total Monetary Contributions And Receipts (From Schedule I							\$ 0.00										
C. Total Funds Available (Sum Of Lines A and B)							\$			47,	519.23						
D. Total Expenditures (From Schedule III)							\$			7,5	500.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$			40,0	19.23						
F. Value Of In-	Kind Contributions	Receive	ed (From S	Schedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule I\	/)			\$ 0.00										
				AFF	IDAV	IT S	SEC	CTION									
	s a Committee repo	•	-						• •		-	-					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	e attached sc	chedules	s filed o	n pap	er o	r by electi	ronic m	edium	, are to f	the best o	f my knov	/ledge	and be	ief , tr	ue
Sworn to and subs	cribed before me this day of	;	20							5	Gignature	e of Perso	n Submitt	ing Rep	oort		_
	Signatu	re				_						Prin	ted Name				_
My Commission Ex	xpires											Ema	il				
	мо	DA	AY	YR					Are	ea Coo	le	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	l Comn	nittee,	Cand	lida	te shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ned.	ıy knowle	edge and bel	ief this	politica	l con	nmit	tee has n	ot viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subso	ribed before me this										s	ignature (of Candida	te			-
	day of 											Printe	d Name				-
	Signature					_											_
My Commission Exp	bires											Ema					
	мо	D	AY	YR		_			Area	Code		D	aytime Te	lephor	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Pag	je			
Name of Filing Committee or Candidate	Reporting) Period		
LOCAL 0032BJ PA AMERICAN DREAM FUND	From:	<u>3/5/202</u>	<u>4</u> To:	<u>4/8/2024</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporti	ng 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 Reporti	ng 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 Reporti	ng Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part B	=)			
TOTAL for the Reporti	ng Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover I			\$	0.00

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 Candidat	te		Re	porting	Period			
	Fr			From: To:			:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)								
							Γ	PAGE TOTAL

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

0.00

\$

5/18/2024 7:44:54 AM

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			orting P	eriod				
F):			
					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 Candic	late		Reporting	J Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led 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:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address	Address						\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	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			Report	ing Perio	d				
			From:			То:			
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$	5	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	TAL
		illi 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		
LOCAL 0032BJ PA AMERICAN DREAM FUND	From:	<u>3/5/2024</u> то:	<u>4/8/2024</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			Reporting	g Period			
			From:			То:	
				DATE		АМО	UNT
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	6	0.00

0.00

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

Name of Filing Committee or Candidate					Rep	oorting P	Period			
					Fro	m:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(P	Plus 4)						
Employer of Contributor					Occupation					
Employer Mailing Address/Principal Place of City State Business					Zip Code(Plus 4) Description o			of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det				taile	d				PAGE TOTAL	

Summary Page, Section 3.

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period							
LOCAL 0032BJ PA AMERICAN DREAM F	LOCAL 0032BJ PA AMERICAN DREAM FUND				From <u>3/5/2024</u> To: <u>4/8/</u>						
						DATE AMO					
To Whom Paid Cass Green for PA				DAY	YEAR						
Mailing Address 4800 Brown Street,	Apt 102		3	20	2024	\$	7,500.00				
City Philadelphia	State PA	Zip Code (Plus 4) 19139	· ·	ion of Exp l contribut							
Enter Grand Total of Exponditures on Page 1. Benert Cover Page. Item D							PAGE TOTAL				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	7,500.00				