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 :	Filer Identification 2005226 Re Number : Fil							CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST		
Name of Filing (Committee, Candid	ate or L	obbyist:		Local	0032	2BJ	PA Amer	rican D	ream	Fund						
Street Address:	101 AVE OF T	HE AME	RICAS														
City:	NEW YORK							State:	NY			Zip Co	de: 10	013			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.) DA RIMA		POST-	3. X		AMENDMENT Yes REPORT?				0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	E- 5.) da .ect	Y F TON	POST- 6.		TERMINATION REPORT?		Yes	N	0	\checkmark	
						IG METHO				PAPER		\checkmark	DISK	ETTE			
Name of Office S	L Sought by Candidat	te:						DATE O	FELE	CTIO	N	District Number	Office Code	Par	ty Cod	e Cou Cod	
								мо	DAY	YE	AR					1002	
								11		7	2006		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAR	2			мо	DAY	Y	AR	FC	R OFFIC	E USE	ONLY	,	
Expenditures	s from:		1 1		1	то		6		5	2006						
A. Amount Bro	ught Forward From	n Last R	eport				\$			1,7	700.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			1,7	700.00						
D. Total Expen	ditures (From Scho	edule II	I)				\$			1,5	500.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$			2	00.00						
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	Schedu	le II)		\$				0.00	4					
G. Unpaid Deb	ts And Obligations	(From S	Schedule I	/)			\$				0.00						
				AFF	IDAV	IT:	SE	CTION									
	s a Committee repo	•	-									-					
I swear (or affirm correct and compl) that this report, incl ete.	uding the	e attached so	hedule	s filed o	n paj	per o	or by elect	ronic me	edium	, are to	the best o	f my knov	ledge	and be	lief , tı	rue
Sworn to and subs	scribed before me this day of	5	20							s	ignatur	e of Perso	n Submitt	ing Rep	ort		_
	Signatu	re				_						Prin	ted Name				-
My Commission E	-	-										Ema	il				
	МО	D	AY	YR					Are	ea Coc	le	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	didate's	authorized	l Comn	nittee,	Can	dida	ate shall	sign he	ere.							
No 320) as amend		ny knowle	edge and bel	ief this	s politica	al co	mmi	ittee 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	cribed before me this day of		20								s	ignature	of Candida	te			-
												Printe	d Name				-
My Commission Exp	Signature											Ema	il				_
	мо	D	AY	YR	1				Area	Code		D	aytime Te	lephor	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** Local 0032BJ PA American Dream Fund From: To: 6/5/2006 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			Re	porting	Period			
			Fro	om:		То	:	
					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

\$

PAGE 3

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	_		
			Fro	m:		Тс):	
					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 Can	Name of Filing Committee or Candidate			Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n 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:

				D	ATE		АМ	OUNT
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 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 C	andidate		Report	ting Perio	bd				
			From:			То:			
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address	Mailing Address						\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schadula I. Datailac	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	Section				\$		0.00

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
Local 0032BJ PA American Dream Fund	From:	То:	<u>6/5/2006</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 Candidate	Name of Filing Committee or Candidate R			g Period			
F						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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	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 Cano	ame of Filing Committee or Candidate				Reporting F	Period			
					From:		To:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address							\$	0.00	
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	l tion		I	
Employer Mailing Address/Principal Place of City State Business				te	Zip 4)	Code(Plus	Descri	ption of	Contribution
		·	<u> </u>						PAGE TOTAL

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period			
Local 0032BJ PA American Drea	m Fund		From		_	То:	<u>6/5/2006</u>
				DATE			AMOUNT
To Whom Paid Bill DeWeese Campaign Committ	ee		мо	DAY	YEAR		
Mailing Address PO Box 2000			5	4	2006	\$	500.00
City Waynesburg State Zip Code (Plus 4) PA 15370			Descrip Politica				
To Whom Paid Friends of Andy Dinniman			мо	DAY	YEAR		
Mailing Address 471 Spruce D	Prive		5	4	2006	\$	500.00
City Exton	State PA	Zip Code (Plus 4) 19341		ition of Exp l contribut			
To Whom Paid Friends of Olivia Brady			мо	DAY	YEAR		
Mailing Address 1808 Powell S	Street		5	4	2006	\$	500.00
City Norristown	State PA	Zip Code (Plus 4) 19401		ition of Exp l contribut		L	
Enter Grand Total of Expendit	tures on Page 1. Pe	nort Cover Page Item D					PAGE TOTAL
	ules on Page 1, Re	port cover Page, Item L				\$	1,500.00