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 2005			Rep File			CAND	IDATE		СОМ	4ITTEE	✓	LOBBYIST				
Name of Filing C	Name of Filing Committee, Candidate or Lobbyist: Local 0032BJ PA American Dream Fu										Fund						
Street Address:	101 AVE OF T	HE AME	RICAS														
City:	NEW YORK							State:	NY			Zip Cod	de: 10	0013			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA		POST-	3. X		AMENDM REPORT		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	≣- !	5.	30 DA		POST-	6.		TERMIN/ REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2011					NG METH CHECK C				PAPER			DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE (OF ELE	CTIC	N	District Number	Office Code	Par	ty Code	Count	у
								МО	DAY	ΥI	AR		•				
								11	L	8	2011		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	R			МО	DAY	YI	EAR	FC	R OFFI	CE USE	ONLY		
Expenditures	s from:		1 1	2	011	Т	0	(5	6	2011						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			31,4	410.71						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$			0.00							
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			31,410.71							
D. Total Expend	ditures (From Scho	edule II	I)				\$			5,9	900.00						
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$			25,5	10.71						
F. Value Of In-	Kind Contributions	Receiv	ed (From Se	chedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			1			
				AFF	IDA	۱V	T SE	CTION									
	s a Committee rep		_														
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached scl	nedule	s filed	d on	paper	or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	e.
Sworn to and subs	cribed before me this day of	ì	20							9	Signature	of Perso	n Submit	ting Rep	ort		-
	Signatu						- -					Prin	ted Name	e			-
My Commission Ex	_								Email								-
	мо	D	AY	YR					Area Code Daytime Telephone Number								-
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	all sign here.								
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has	not viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	. 1333	,
Sworn to and subsc	ribed before me this								Signature of Candidate								-
	day of						-		Printed Name								-
	Signature						-										╻┃
My Commission Exp	ires											Ema	il				
	МО	D	AY	YR	1		-		Area	Code		D	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
Local 0032BJ PA American Dream Fund	From:	1/1/201	<u>1</u> To:	6/6/2011
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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.

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 or Candi	date			Rep	orting P	eriod			
				Fro	m:		To):	
						DATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
								$\overline{}$	

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 Candidate	me of Filing Committee or Candidate					Reporting Period						
			Froi	m:		To):					
				D	ATE		АМ	OUNT				
Full Name of Contributor				МО	DAY	YEAR						
Mailing Address							\$	0.00				
City	State	Zip Code (Plus	5 4)									
Employer Name				Occupat	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 S	Summary Page,	Section	on 3.			PA:	GE 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 C	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	n Schedule T. Detailed	l Summary Page.	Section	4.			PAGE TOTA	L
		· • • • • • • • • • • • • • • • • • • •					\$ 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>1/1/2011</u> To:	<u>6/6/2011</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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	ate		Reporting	g Period			
			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 Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting	Period				
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period			
Local 0032BJ PA American Dr	eam Fund		From	<u>1/:</u>	1/2011	То:	6/6/2011
				DATE			AMOUNT
To Whom Paid Bobby 11 (Bobby Henon)			мо	DAY	YEAR		
Mailing Address PO Box 65	743		5	13	2011	\$	900.00
City Philadelphia	State PA	Zip Code (Plus 4) 19155	1	ption of Exp			
To Whom Paid Friends of Rich Fitzgerald			мо	DAY	YEAR		
Mailing Address 1314 Denn	iston Street		5	13	2011	\$	5,000.00
City Pittsburgh	State PA	Zip Code (Plus 4) 15217	1	ption of Exp Il Contribut			
Enter Grand Total of Expen	ditures on Page 1, Re	eport Cover Page, Item I).				PAGE TOTAL

5,900.00