# Form CPF 111: REPORT OF ASSOCIATION OR OTHER GROUP MAKING CONTRIBUTIONS TO OR EXPENDITURES ON BEHALF OF CANDIDATES TO PARTY COMMITTEES

of Massachus		Office of Campaign a	nd Political Finance		
	etor paign and Political Finance 1 Place, Room 411	- <u> </u>		File with	Municipal Activity: City or Town Clerk lection Commission
	Reporting Pe	riod: from: $\frac{1/1/2017}{(MM/DD/YYYY)}$ to:	6/30/2017 (MM/DD/YYYY)		
Type of Rep	ort: 8th day preceding primary/	preliminary	ion 30th day after election 🗵	July 20th	] January 20th
On behalf of	State / County Candidate	es, PACs & Party Committees or	Municipal Candidates		·
Name of Ass	sociation or Group: 32BJ Unite	d American Dream Fund			
Name & Titl	e of Principal Officers: Kyle Bragg	, Treasurer			
Mailing Add	ress: 25 West 18th Street	City / Stat	e / Zip: New York	NY	10011
Determinatio	n of incidental threshold:	1. Total gross revenues of previous cale	ndar year:		\$ 1,070,630.66
		2. 10% of line 1 or \$15,000, whichever	is less:	-	\$ 15,000.00
		3. Total expenditures, donations to com-	mittees and liabilities incurred during o	calendar year:	\$ 231,693.54
	If line 3	3 exceeds line 2, reports are required for	r the stated calendar year.		
POLITICAL	EXPENDITURES AND CONTRI	BUTIONS TO CANDIDATES/COMMIT	TEES (attach additional pages is neces	ssary):	
Date Paid	To Whom Paid (Alphabetical listing)	Address	Purpose (Check box if Inkind Contrib	ution)	Amount or Value*
6/22/2017	Red Horse Strategies	55 Washington Street, Suite 624 Brooklyn, NY 11201	Ind. Exp. for Cindy Friedman (Supported)		\$6,755.00
6/22/2017	Red Horse Strategies	55 Washington Street, Suite 624 Brooklyn, NY 11201	Ind. Exp. for Cindy Friedman (Supported)		\$3,000.00
	Additional Contributions per Attached Schedule				\$1,000.00
			,		
			Total expenditures/contributions	on this report:	\$10,755.00
		1	Total expenditures/contributions previo	ously reported:	
	•		Total expenditures/contrib	outions to date:	\$10,755.00

<sup>\*</sup>Inkind contributions (donations of goods or services) should be included in this list.

### LIABILITIES\*:

Date	•			
Incurred	To Whom Due	Address	Purpose	Amount
] ].				
				<u></u>
			·	
			Total liabilities on this report:	
		Total liabiliti	es previously reported and currently outstanding:	
			Total outstanding liabilities**:	0

I certify that this report is a true statement of the amount or value of every gift, payment, expenditure or contribution or promise to give, pay, expend or contribute, together with the date, purpose, and full name and address of the person to whom it was made.

Signed under the penalties of perjury:

## WHO NEEDS TO FILE THIS FORM?

Once an organization has made political contributions or expenditures or incurred liabilities to support candidates or political committees in excess of the "incidental threshold" (i.e., \$15,000 or 10% of such organization's gross revenues for the previous year, whichever is less), a duly qualified officer must file this report. The report must disclose all contributions and expenditures made and liabilities incurred during the calendar year. The obligation to file a report continues for each year thereafter until the year after a year in which the incidental threshold is not reached.

### WHERE SHOULD THIS FORM BE FILED?

State and County Candidates or Committees: If contributions or expenditures are made to support or oppose state or county candidates or committees this form should be filed with OCPF.

Municipal Candidates or Committees: If contributions or expenditures are made to support or oppose municipal candidates or committees this form should be filed with the city or town clerk or election commission.

## WHERE CAN I GET MORE INFORMATION?

You can view or download OCPF Interpretive Bulletin IB-88-01 from the Legal Resources section of OCPF's website at www.mass.gov/ocpf. Call OCPF at (617) 979-8300 or (800) 462-OCPF.

<sup>\*</sup> A liability exists and must be reported if the association or group has received a good or service that it has not paid for, even if the association or group has not received a bill or invoice. If the amount of the liability has not been determined or is in dispute, the liability should be estimated or reported as "to be determined" or "in dispute."

<sup>\*\*</sup> The final report must show zero liabilities.

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Check #	Ck Date Name		Addr1	Addr2	City	State   7in	Directo	
	!					ביבור בים		Amount
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6017	1/18/2017	1/18/2017 Lewis Committee	10 Lilian Road				Canceled check from previous	
2111	1000/00/0				1.10111111111111	י וייול	T/OT Cycle	(200.00)
7770	2/27/707/	3/21/201/ Boncore Committee	1140 Saratoga Street	Linit 3	Fact Roston	NAA I	2452 Cantuit. Line	
5151	7100/10/6	Bandout Courter			POST DOSCOIL		בדיק בחוונוומתוומנו	200.00
177	3/21/201/	Iwagaro committee	104 White Street		Fast Boston	NAA	2120 Contribution	00 00
5152	212112012	Doctor Canal Canal			200000000000000000000000000000000000000		בדקם בחיינו ומתקומוו	300.00
2	7 4.4/ 4UI./	Achier & Committee	P.O. Box 15		Boston	MA.	2137 Contribution	00 001
								200.00
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Total per attached schedule 1,000

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