

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Local 32BJ Service Employees International Union American Dream Political Action Fund

ADDRESS (number and street) 101 Avenue of the Americas New York New York NY 10013 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00355289 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 01 2007 through 03 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hector Figueroa

Signature of Treasurer Electronically Filed by Hector Figueroa Date 04 13 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

Local 32BJ Service Employees International Union American Dream Political Action  
Fund

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		184254.41
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	184316.86									
(c) Total Receipts (from Line 19) .....	440196.07	440196.07								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	624512.93	624450.48								
7. Total Disbursements (from Line 31) .....	240263.66	240263.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	384249.27	384186.82								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

Local 32BJ Service Employees International Union American Dream Political Action Fund

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1040.00	1040.00
(i) Itemized (use Schedule A) .....	200137.91	200137.91
(ii) Unitemized .....	201177.91	201177.91
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	201177.91	201177.91
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	239018.16	239018.16
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	440196.07	440196.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	440196.07	440196.07

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	239.50	239.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	239.50	239.50
29. Other Disbursements.....	240024.16	240024.16
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	240263.66	240263.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	240263.66	240263.66

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	201177.91	201177.91
34. Total Contribution Refunds (from Line 28(d)) .....	239.50	239.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	200938.41	200938.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Local 32BJ Service Employees International Union American Dream Political Action Fund

<b>A.</b> Full Name (Last, First, Middle Initial) Kyle E. Bragg Mailing Address 67-15 A 192 St. City State Zip Code Fresh Meadows NY 11365 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007 <b>Transaction ID: C2494606</b> Amount of Each Receipt this Period 260.00
Name of Employer Local 32BJ SEIU Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	* Payroll Deduction: 20/WK

<b>B.</b> Full Name (Last, First, Middle Initial) Michael P. Duffy Mailing Address 1650 Harvard Street NW- # 701 City State Zip Code Washington DC 20009 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007 <b>Transaction ID: C2498207</b> Amount of Each Receipt this Period 260.00
Name of Employer Local 32BJ SEIU Occupation District Supervisor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	* Payroll Deduction: 20/WK

<b>C.</b> Full Name (Last, First, Middle Initial) Michael P. Fishman Mailing Address 419 East 84th St. Apt#5 City State Zip Code New York NY 10028 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007 <b>Transaction ID: C2480562</b> Amount of Each Receipt this Period 260.00
Name of Employer Local 32BJ SEIU Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	* Payroll Deduction: 20/WK

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>780.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 17	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Local 32BJ Service Employees International Union American Dream Political Action Fund

A. Full Name (Last, First, Middle Initial)  
Jaime C Peralta

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2007

Mailing Address 923 Walton Avenue #6C

Transaction ID: C2496949

City State Zip Code  
Bronx NY 10452

Amount of Each Receipt this Period  
260.00

FEC ID number of contributing federal political committee.  
C

Name of Employer Occupation  
One Source Management Building Service Worker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼  
260.00

\* Payroll Deduction: 20/WK

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	260.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1040.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 17
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Local 32BJ Service Employees International Union American Dream Political Action Fund

Full Name (Last, First, Middle Initial) <b>A.</b> Building Service 32BJ Benefit Funds		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007
Mailing Address 101 Avenue of the Americas		<b>Transaction ID:</b> C2398425
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 1200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	Deposit error.

Full Name (Last, First, Middle Initial) <b>B.</b> SEIU Local 32BJ		Date of Receipt M M / D D / Y Y Y Y 01 / 12 / 2007
Mailing Address 101 Avenue of the Americas		<b>Transaction ID:</b> C2398410
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 605.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237818.16	Deposit error.

Full Name (Last, First, Middle Initial) <b>C.</b> SEIU Local 32BJ		Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2007
Mailing Address 101 Avenue of the Americas		<b>Transaction ID:</b> C2398411
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 17370.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237818.16	Deposit error.

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	19175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 17
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
 Local 32BJ Service Employees International Union American Dream Political Action Fund

Full Name (Last, First, Middle Initial) <b>A.</b> SEIU Local 32BJ		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 101 Avenue of the Americas		Transaction ID: C2398412
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237818.16	Deposit error.

Full Name (Last, First, Middle Initial) <b>B.</b> SEIU Local 32BJ		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 101 Avenue of the Americas		Transaction ID: C2398413
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 1010.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237818.16	Deposit error.

Full Name (Last, First, Middle Initial) <b>C.</b> SEIU Local 32BJ		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 101 Avenue of the Americas		Transaction ID: C2398414
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 2120.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237818.16	Deposit error.

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 17
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Local 32BJ Service Employees International Union American Dream Political Action Fund

**A.** Full Name (Last, First, Middle Initial)  
SEIU Local 32BJ

Mailing Address 101 Avenue of the Americas

City State Zip Code  
New York NY 10013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
237818.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 4 / 2 0 0 7

**Transaction ID:** C2398415

Amount of Each Receipt this Period  
88291.68

Deposit error.

**B.** Full Name (Last, First, Middle Initial)  
SEIU Local 32BJ

Mailing Address 101 Avenue of the Americas

City State Zip Code  
New York NY 10013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
237818.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 5 / 2 0 0 7

**Transaction ID:** C2398416

Amount of Each Receipt this Period  
195.00

Deposit error.

**C.** Full Name (Last, First, Middle Initial)  
SEIU Local 32BJ

Mailing Address 101 Avenue of the Americas

City State Zip Code  
New York NY 10013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
237818.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 0 / 2 0 0 7

**Transaction ID:** C2398417

Amount of Each Receipt this Period  
560.00

Deposit error.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	89046.68
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 17
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Local 32BJ Service Employees International Union American Dream Political Action Fund

Full Name (Last, First, Middle Initial) <b>A.</b> SEIU Local 32BJ		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 7
Mailing Address 101 Avenue of the Americas		<b>Transaction ID:</b> C2398418
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 31411.14	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237818.16	Deposit error.

Full Name (Last, First, Middle Initial) <b>B.</b> SEIU Local 32BJ		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 101 Avenue of the Americas		<b>Transaction ID:</b> C2398419
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 595.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237818.16	Deposit error.

Full Name (Last, First, Middle Initial) <b>C.</b> SEIU Local 32BJ		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address 101 Avenue of the Americas		<b>Transaction ID:</b> C2398420
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 65.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237818.16	Deposit error.

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	32071.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 17
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Local 32BJ Service Employees International Union American Dream Political Action Fund

Full Name (Last, First, Middle Initial) <b>A.</b> SEIU Local 32BJ		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 101 Avenue of the Americas		<b>Transaction ID:</b> C2398421
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 89906.34	
FEC ID number of contributing federal political committee. <b>C</b>		Deposit error.
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237818.16	

Full Name (Last, First, Middle Initial) <b>B.</b> SEIU Local 32BJ		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2007
Mailing Address 101 Avenue of the Americas		<b>Transaction ID:</b> C2398422
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 4015.00	
FEC ID number of contributing federal political committee. <b>C</b>		Deposit error.
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237818.16	

Full Name (Last, First, Middle Initial) <b>C.</b> SEIU Local 32BJ		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 101 Avenue of the Americas		<b>Transaction ID:</b> C2398423
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 868.00	
FEC ID number of contributing federal political committee. <b>C</b>		Deposit error.
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237818.16	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	94789.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 17	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Local 32BJ Service Employees International Union American Dream Political Action Fund

**A.** Full Name (Last, First, Middle Initial)  
SEIU Local 32BJ

Mailing Address 101 Avenue of the Americas

City	State	Zip Code
New York	NY	10013

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237818.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	0	7

Transaction ID: C2398424

Amount of Each Receipt this Period

756.00
--------

Deposit error.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	756.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	239018.16

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Local 32BJ Service Employees International Union American Dream Political Action Fund

Full Name (Last, First, Middle Initial)

**A.** Building Service 32BJ Benefit Funds

Mailing Address 101 Avenue of the Americas

City New York State NY Zip Code 10013

Purpose of Disbursement Refund/Correction of deposit error.

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D454

Date of Disbursement

03 / 19 / 2007

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

**B.** SEIU Local 32BJ

Mailing Address 101 Avenue of the Americas

City New York State NY Zip Code 10013

Purpose of Disbursement Refund/Correction of deposit error.

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D445

Date of Disbursement

01 / 03 / 2007

Amount of Each Disbursement this Period

125.00

Full Name (Last, First, Middle Initial)

**C.** SEIU Local 32BJ

Mailing Address 101 Avenue of the Americas

City New York State NY Zip Code 10013

Purpose of Disbursement Refund/Correction of deposit error.

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: D446

Date of Disbursement

01 / 04 / 2007

Amount of Each Disbursement this Period

1684.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3009.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Local 32BJ Service Employees International Union American Dream Political Action Fund

Full Name (Last, First, Middle Initial) <b>A. SEIU Local 32BJ</b>		<b>Transaction ID: D447</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7	
Mailing Address 101 Avenue of the Americas		Amount of Each Disbursement this Period 670.00	
City New York State NY Zip Code 10013	Purpose of Disbursement Refund/Correction of deposit error. Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 001			

Full Name (Last, First, Middle Initial) <b>B. SEIU Local 32BJ</b>		<b>Transaction ID: D448</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7	
Mailing Address 101 Avenue of the Americas		Amount of Each Disbursement this Period 17370.00	
City New York State NY Zip Code 10013	Purpose of Disbursement Refund/Correction of deposit error. Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 001			

Full Name (Last, First, Middle Initial) <b>C. SEIU Local 32BJ</b>		<b>Transaction ID: D449</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address 101 Avenue of the Americas		Amount of Each Disbursement this Period 50.00	
City New York State NY Zip Code 10013	Purpose of Disbursement Refund/Correction of deposit error. Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Category/Type 001			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	18090.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Local 32BJ Service Employees International Union American Dream Political Action Fund

Full Name (Last, First, Middle Initial) <b>A. SEIU Local 32BJ</b>		<b>Transaction ID: D450</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address 101 Avenue of the Americas		Amount of Each Disbursement this Period 1010.00
City New York State NY Zip Code 10013	Purpose of Disbursement Refund/Correction of deposit error. Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Refund/Correction of deposit error. Candidate Name		

Full Name (Last, First, Middle Initial) <b>B. SEIU Local 32BJ</b>		<b>Transaction ID: D451</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7
Mailing Address 101 Avenue of the Americas		Amount of Each Disbursement this Period 122577.82
City New York State NY Zip Code 10013	Purpose of Disbursement Refund/Correction of deposit error. Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Refund/Correction of deposit error. Candidate Name		

Full Name (Last, First, Middle Initial) <b>C. SEIU Local 32BJ</b>		<b>Transaction ID: D452</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address 101 Avenue of the Americas		Amount of Each Disbursement this Period 660.00
City New York State NY Zip Code 10013	Purpose of Disbursement Refund/Correction of deposit error. Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Purpose of Disbursement Refund/Correction of deposit error. Candidate Name		

**SUBTOTAL** of Disbursements This Page (optional) .....

124247.82

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Local 32BJ Service Employees International Union American Dream Political Action Fund

Full Name (Last, First, Middle Initial)

**A.** SEIU Local 32BJ

Mailing Address 101 Avenue of the Americas

City State Zip Code  
New York NY 10013

Purpose of Disbursement  
Refund/Correction of deposit error.

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D453

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►