FEC

STATEMENT OF

| FORM 1 | ORGANIZATION | 1 | |
|---------------------------------|--|--|---------------------------------|
| 1 011111 1 | (See instructions) | | Office use only |
| NAME OF COMMITTEE (in f | (Check if name Example) is changed) over the | ple: If typying, type he lines | 4M5 |
| Local 32BJ Sei | vice Employees International Union Ame | erican Dream Politi- | |
| | | | |
| ADDRESS (number and s | 101 Avenue of the Americas | | |
| (Check if address | | | |
| is changed) | New York | NY | 10013 - |
| | CITY▲ | STATE | ZIP CODE 🛦 |
| COMMITTEE'S E-MAII | ADDRESS (Please provide only one e-mail addres | ss) | |
| (Check if address X is changed) | AHirsh@seiu32bj.org | | |
| is onangos, | | | |
| COMMITTEE'S WEB F | PAGE ADDRESS (URL) | | |
| (Check if address | 1 | | |
| is changed) | | | |
| | | | |
| 2. DATE 0 1 | / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| 3. FEC IDENTIFICATION | TION NUMBER C C003 | 355289 | |
| 4. IS THIS STATEM | ENT X NEW (N) OR | AMENDED (A) | |
| Legrify that I have examin | ned this Statement and to the best of my knowledge and | helief it is true, correct and comple | ote. |
| rociny that mave exami | | belief it is true, correct and comple | |
| Type or Print Name of 1 | reasurer Alison E Hirsh | | |
| Signature of Treasurer | Electronically Filed by Alison E Hirsh | Date | 0 1 |
| NOTE: Submission of fals | se, erroneous, or incomplete information may subject the | , | , |
| Office | | For further information contact: | |
| Use Only | | Federal Election Commission Toll Free 800-424-9530 | FEC FORM 1 (Revised 02/2009) |

| | F | EC F | Form 1 (Revised 02/2009) | Page 2 | | | |
|--|-----------------|--------------------------------------|---|------------------|--|--|--|
| 5. TYPE OF COMMITTEE (Check One) Candidate Committee: | | | | | | | |
| | (a) | | This committee is a principal campaign committee. (Complete the candidate information below.) | | | | |
| | (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.) | ne candidate | | | |
| | Name Candid | | | | | | |
| | Candid Party | | ion Office Sought: House Senate President | State District | | | |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: | | | | | | | |
| | | | | | | | |
| | Party | Comn | | | | | |
| (d) This committee is a (National, S (or subordin | | (Democratic, Republican,etc.) Party. | | | | | |
| | Politic | cal Act | tion Committee (PAC): | | | | |
| | (e) | X | mmittee (PAC): committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: | | | | |
| | | | Corporation Corporation w/o Capital Stock X Lal | oor Organization | | | |
| | | | Membership Organization Trade Association Co | operative | | | |
| | (6) | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| | (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee) | I fund or party | | | |
| | | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| | | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | |
| Joint Fundraising Representative: | | | | | | | |
| | (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate. | more political | | | |
| | (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate. | more political | | | |
| | | Com | nmittees Participating in Joint Fundraiser | | | | |
| | | | 1 FEC ID number C | | | | |
| | | | 2. FEC ID number | | | | |
| | | | 3. FEC ID number C | | | | |
| | | | EEC ID number C | | | | |

Treasurer

| | FEC Form 1 (Revised | 02/2009) | | Page 3 |
|----|---|---|-----------------------------|----------------------------|
| ·W | rite or Type Committee Name |) | | |
| | Local 32BJ Service E | mployees International Union American Dre | eam Political Action Fund | d |
| 6. | Name of Any Connected | Organization, Affiliated Committee, Joint Fundraisi | ng Representative, or Leade | rship PAC Sponsor |
| | Local 32BJ Service En | ployees International Union | | |
| | | 101 Avenue of the Americas | | |
| | Mailing Address | | | |
| | | New York | , , NY | 10013 _ |
| | | CITY▲ | STATE ▲ | ZIP CODE A |
| | Relationship: X Connected Organization | | draising Representative | Leadership PAC Sponsor |
| 7. | possession of Committee | dentify by name, address, (phone number ope books and records. ge Reis 101 Avenue of the Americas | | |
| | | New York | NY | 10013 |
| | Title or Position ▼ | CITY A | STATE & | ZIP CODE A |
| | • | | elephone number 212 | - <u>388</u> - <u>2054</u> |
| 8. | name and address of a | re and address (phone number optional) of the ny designated agent (e.g., assistant treasurer). | | tee; and the |
| | of Treasurer Alise | on E. Hirsh | | |
| | Mailing Address | 101 Avenue of the Americas | | |
| | | New York | NY | 10013 |
| | Title or Position ♥ | CITY A | STATE | ZIP CODE A |

388

212

Telephone number

3058

| Full Name of Designated Agent Mailing Address | | | | | |
|--|------------|--|--|--|--|
| Mailing Address | | | | | |
| | | | | | |
| | | | | | |
| Title or Position ▼ CITY A STATE A ZIP CODE | . 🛦 | | | | |
| Telephone number – – _ | | | | | |
| tanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. Iame of Bank, Depository, etc. | | | | | |
| TD Bank | | | | | |
| Mailing Address 25 Hudson St. | | | | | |
| | | | | | |
| New York NY 10013 _ | | | | | |
| CITY A STATE A ZIP CODE | Ē ▲ | | | | |
| Name of Bank, Depository, etc. | | | | | |
| | | | | | |
| Mailing Address | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Banks or Other Depositories: safety deposit boxes or maintain | | ee deposits funds, hole | ds accounts, rents |
|--|---|-------------------------|--------------------------------|
| Name of Bank, Depository, etc. | | | [ADDITIONAL] |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY 🗻 | STATE ⊿ | ZIP CODE 🛕 |
| | anization, Affiliated Committee, Joint Fundraising Repr ployees International Union Committee on Polit | | [ADDITIONAL rship PAC Sponsor |
| | | Lical Education) | |
| Mailing Address | 1313 L. St. NW | | |
| | Washington | DC L | 20005 |
| ationship: | CITY | STATE A | ZIP CODE |
| Connected Organization | X Affiliated Committee Joint Fundraising Repr | esentative Lea | dership PAC Sponsor |
| Designated Agent | | | [ADDITIONAL] |
| Full Name | | | |
| Mailing Address | | | |
| | | | |
| Title or Position ▼ | CITY A | STATE ∆ | ZIP CODE A |
| | Telephor | ne number | |
| Joint Fundraiser Participant | | | [ADDITIONAL] |
| | FEC | C ID number C | |