

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

RECEIVED
2013 MAY 22 AM 10:37
FEC MAIL CENTER

1. (a) Name of Individual, Organization or Corporation LOCAL 32BJ NY/NJ AMERICAN DREAM FUND		3. FEC Identification Number C 90013293
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 25 WEST 18TH STREET, FIFTH FLOOR		
(c) City, State and ZIP Code NEW YORK, NY 10011		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only Name of Employer	Occupation	

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4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report
 24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

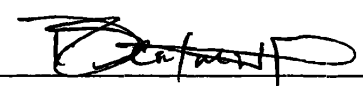
5. COVERING PERIOD: FROM

M	M	/	D	D	/	Y	Y	Y	Y
10			1			2012			
THROUGH									
M	M	/	D	D	/	Y	Y	Y	Y
12			31			2012			

6. TOTAL CONTRIBUTIONS 402.70

7. TOTAL INDEPENDENT EXPENDITURES 402.70

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
David Schmidt		5/20/2013

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

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
LOCAL 32BJ NY/NJ AMERICAN DREAM FUND

A. Full Name (Last, First, Middle Initial) Local 32BJ SEIU		Date of Receipt 10 / 11 / 2012
Mailing Address 25 West 18th Street, Fifth Floor		Amount of Each Receipt this Period 402.70
City New York	State NY	
Zip Code 10011		
FEC ID number of contributing federal political committee. C		
Name of Employer		Occupation

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		
FEC ID number of contributing federal political committee. C		
Name of Employer		Occupation

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		
FEC ID number of contributing federal political committee. C		
Name of Employer		Occupation

D. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		
FEC ID number of contributing federal political committee. C		
Name of Employer		Occupation

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page carry total to Line 6) ▶

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**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
LOCAL 32BJ NY/NJ AMERICAN DREAM FUND

13031071749

Full Name (Last, First, Middle Initial) of Payee ENTERPRISE CAR RENTAL		Date 10 / 27 / 2012
Mailing Address		Amount 202.70
City	State Zip Code	
Purpose of Expenditure RENTING A CAR	Category/Type 2	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 27,121.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COSTCO		Date 10 / 27 / 2012
Mailing Address		Amount 200.00
City	State Zip Code	
Purpose of Expenditure LUNCH BUS TRIP	Category/Type 002	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 27,121.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	402.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	402.70



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

April 17, 2013

LOCAL 32BJ NY/NJ AMERICAN DREAM
FUND
25 WEST 18TH STREET FIFTH FLOOR
NEW YORK, NY 10011

Response Due Date

05/22/2013

IDENTIFICATION NUMBER: C90013293

REFERENCE: YEAR-END REPORT (10/01/2012 - 12/31/2012)

Dear Filer:

This letter is prompted by the Commission's preliminary review of the Report of Independent Expenditures Made and Contributions Received (FEC Form 5) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** Additional information is needed for the following 1 item(s):

- Line 7 of your FEC Form 5 filing discloses disbursements made for independent expenditure(s). However, no contributions are disclosed on Line 6, "Total Contributions." Each contributor who made a donation in excess of \$200 to further the independent expenditure(s) must be itemized on Schedule 5-A, including their identification information. Please amend your report to provide the missing information. (11 CFR §§ 109.10(e)(1)(vi) and 114.10(f))

Please note, you will not receive an additional notice from the Commission on this matter. Requests for extensions of time in which to respond will not be considered. Failure to comply with the provisions of the Act may result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1166.

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Sincerely,



Bradley Matheson
Sr. Campaign Finance & Reviewing Analyst
Reports Analysis Division

418

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *4P* Shipping Date
5/01/13
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JML
 PREPARER

5/22/13
 DATE PREPARED

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