

# 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  
 Check if different than previously reported. (ACC)  
New York NY 10013

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)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(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 2008 through 03 31 2008

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 15 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**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	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		60933.35
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	60933.35									
(c) Total Receipts (from Line 19) .....	301003.18	301003.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	361936.53	361936.53								
7. Total Disbursements (from Line 31) .....	17958.39	17958.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	343978.14	343978.14								
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	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	1085.00	1085.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	299502.42	299502.42
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	300587.42	300587.42
(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) .....	300587.42	300587.42
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.) .....	415.76	415.76
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)) .....	301003.18	301003.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	301003.18	301003.18

**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) .....	1947.33	1947.33
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 .....	1011.06	1011.06
(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)) .....	1011.06	1011.06
29. Other Disbursements.....	15000.00	15000.00
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))..	17958.39	17958.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17958.39	17958.39

**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) .....	300587.42	300587.42
34. Total Contribution Refunds (from Line 28(d)) .....	1011.06	1011.06
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	299576.36	299576.36
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 10
	<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

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 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	Date of Receipt MM / DD / YYYY 03 / 17 / 2008
	Mailing Address 67-15 A 192nd Street	<b>Transaction ID:</b> C3040165
	City State Zip Code Fresh Meadows NY 11365	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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	Date of Receipt MM / DD / YYYY 03 / 17 / 2008
	Mailing Address 1650 Harvard Street NW- # 701	<b>Transaction ID:</b> C3046254
	City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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	Date of Receipt MM / DD / YYYY 03 / 17 / 2008
	Mailing Address 419 East 84th St. Apt#5	<b>Transaction ID:</b> C3016545
	City State Zip Code New York NY 10028	Amount of Each Receipt this Period 260.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 10	
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Arthur J. Passamonik		Date of Receipt
	Mailing Address 1601 48th Street Apt. D8		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Brooklyn	NY	11204
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Weinreb Management	Occupation Building Service Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="305.00"/>	Transaction ID: C3050016 Amount of Each Receipt this Period <input type="text" value="305.00"/>  * Payroll Deduction: 5/WK

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="305.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1085.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 10	
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) SEIU Local 32BJ		Date of Receipt
	Mailing Address 101 Avenue of the Americas		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New York	NY	10013
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: C3062207 Amount of Each Receipt this Period <input type="text" value="415.76"/>  Deposit error.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="415.76"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="415.76"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="415.76"/>



**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 9 / 10

<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

A. Full Name (Last, First, Middle Initial)  
Local 32BJ PA American Dream Fund

Mailing Address 101 Avenue of the Americas

City State Zip Code  
New York NY 10013

Purpose of Disbursement  
Transfer to an Affiliated Committee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D609

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Local 32BJ Service Employees International Union American Dream Political Action Fund		FEC IDENTIFICATION NUMBER <b>C</b> C00355289
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee SEIU Local 32BJ		Date M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 8
Mailing Address 101 Avenue of the Americas New York, NY 10013		Amount 1947.33
City State Zip Code New York NY 10013		Transaction ID: D610
Purpose of Expenditure Ind exp(salaries) for D Edwards-MD Congr		Office Sought: <input checked="" type="checkbox"/> House State: MD <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> Presidential
Name of Federal Candidate supported or Opposed by expenditure: Donna Edwards		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008
		1947.33

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	1947.33
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures .....	1947.33
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 (if the reporting entity is not a political party committee) any political party committee or its agent.	
Peter Colavito Signature	Date M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8