

# 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  
 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 04 01 2006 through 06 30 2006

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 07 14 2006

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		277117.07
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	476150.71									
(c) Total Receipts (from Line 19) .....	215190.44	432307.47								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	691341.15	709424.54								
7. Total Disbursements (from Line 31) .....	119841.39	137924.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	571499.76	571499.76								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	2754.99	3274.99
(i) Itemized (use Schedule A) .....	196005.45	394269.27
(ii) Unitemized .....	198760.44	397544.26
(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) .....	198760.44	397544.26
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.) .....	16430.00	34763.21
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)) .....	215190.44	432307.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	215190.44	432307.47

**DETAILED SUMMARY PAGE**

of Disbursements

<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.....	100000.00	100000.00
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 .....	114.00	414.84
(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)) .....	114.00	414.84
29. Other Disbursements.....	19727.39	37509.94
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))..	119841.39	137924.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	119841.39	137924.78

**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) .....	198760.44	397544.26
34. Total Contribution Refunds (from Line 28(d)) .....	114.00	414.84
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	198646.44	397129.42
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 / 18
	<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) John Bean Mailing Address 80 First Avenue #7F City State Zip Code New York NY 10009 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> C1720011 Amount of Each Receipt this Period 130.00
Name of Employer Harvard Building Service Occupation Building Service Worker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	* Payroll Deduction: 10/WK

<b>B.</b> Full Name (Last, First, Middle Initial) Felix M. Borbon Mailing Address 72 West 88th Street Apt. 6 City State Zip Code New York NY 10025 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> C1718188 Amount of Each Receipt this Period 130.00
Name of Employer Orsid Realty Occupation Building Service Worker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	* Payroll Deduction: 10/WK

<b>C.</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 0 6 / 0 5 / 2 0 0 6 <b>Transaction ID:</b> C1713701 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 ▼ 520.00	* Payroll Deduction: 20/WK

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>520.00</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: (check only one)	PAGE 7 / 18
	<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) Jaime Contreras Mailing Address 2903 Barker Street City State Zip Code Silver Spring MD 20910 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 5 / 2 0 0 6 <b>Transaction ID:</b> C1714326 Amount of Each Receipt this Period 130.00
Name of Employer Local 32BJ SEIU Occupation Division Supervisor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	* Payroll Deduction: 10/WK

<b>B.</b> Full Name (Last, First, Middle Initial) Kevin J. Doyle Mailing Address 260 Riverside Drive City State Zip Code New York NY 10025 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 5 / 2 0 0 6 <b>Transaction ID:</b> C1713067 Amount of Each Receipt this Period 130.00
Name of Employer Local 32BJ SEIU Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	* Payroll Deduction: 10/WK

<b>C.</b> Full Name (Last, First, Middle Initial) Michael P. Duffy Mailing Address 204 West 88th St. Apt. 5E City State Zip Code New York NY 10024 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 5 / 2 0 0 6 <b>Transaction ID:</b> C1713849 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 ▼ 520.00	* Payroll Deduction: 20/WK

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>520.00</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: (check only one)	PAGE 8 / 18
	<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

**A.** Full Name (Last, First, Middle Initial)  
Michael P. Fishman

Mailing Address 20 River Terrace Apt. 12N

City State Zip Code  
New York NY 10282

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

Name of Employer Local 32BJ SEIU Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2006

Transaction ID: C1713029

Amount of Each Receipt this Period  
130.00

\* Payroll Deduction: 10/WK

**B.** Full Name (Last, First, Middle Initial)  
Bruce W Friskco

Mailing Address 20 Richman Plaza Apt #27C

City State Zip Code  
Mount Vernon NY 10550

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

Name of Employer Grubb & Ellis Management Occupation Building Service Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2006

Transaction ID: C1708317

Amount of Each Receipt this Period  
45.00

\* Payroll Deduction: 5/WK

**C.** Full Name (Last, First, Middle Initial)  
Peter Goldberger

Mailing Address 194 Alexander Ave.

City State Zip Code  
Montclair NJ 07043

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

Name of Employer Local 32BJ SEIU Occupation Chief of Staff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2006

Transaction ID: C1713542

Amount of Each Receipt this Period  
130.00

\* Payroll Deduction: 10/WK

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	305.00
<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 / 18
	<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

**A.** Full Name (Last, First, Middle Initial)  
Claudia Patricia Granados

Mailing Address PO Box 1683

City State Zip Code  
New York NY 10013

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

Name of Employer Local 32BJ SEIU Occupation Deputy Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2006

Transaction ID: C1714222

Amount of Each Receipt this Period  
130.00

\* Payroll Deduction: 10/WK

**B.** Full Name (Last, First, Middle Initial)  
Behad B. Hadzovic

Mailing Address 11 East 199th Street

City State Zip Code  
Bronx NY 10468

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

Name of Employer Grubb & Ellis Management Occupation Building Service Worker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2006

Transaction ID: C1708410

Amount of Each Receipt this Period  
45.00

\* Payroll Deduction: 5/WK

**C.** Full Name (Last, First, Middle Initial)  
Katherine Howell

Mailing Address 3025 Brinkley Rd, Apt. T-1

City State Zip Code  
Temple Hills MD 20748

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

Name of Employer Local 32BJ SEIU Occupation Asst Rep Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2006

Transaction ID: C1714229

Amount of Each Receipt this Period  
130.00

\* Payroll Deduction: 10/WK

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>305.00</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: (check only one)	PAGE 10 / 18
	<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

Full Name (Last, First, Middle Initial) <b>A. Valarie Long</b>		Date of Receipt MM / DD / YYYY 06 / 05 / 2006
Mailing Address 8774 Oxwell Lane		<b>Transaction ID: C1714183</b>
City Laurel	State MD	Zip Code 20708
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 195.00
Name of Employer Local 32BJ SEIU	Occupation Regional Vice President	* Payroll Deduction: 10/WK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) <b>B. Mathew Nerzig</b>		Date of Receipt MM / DD / YYYY 06 / 05 / 2006
Mailing Address 256 6th Ave., Apt. 3		<b>Transaction ID: C1713901</b>
City Brooklyn	State NY	Zip Code 11215
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
Name of Employer Local 32BJ SEIU	Occupation Director of Communications	* Payroll Deduction: 10/WK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. Jaime C Peralta</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2006
Mailing Address 492 West 53rd Street, 4th Floor		<b>Transaction ID: C1716046</b>
City New York	State NY	Zip Code 10019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 260.00
Name of Employer One Source Management	Occupation Building Service Worker	* Payroll Deduction: 0.5/-WK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>585.00</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: (check only one)	PAGE 11 / 18
	<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

**A.** Full Name (Last, First, Middle Initial)  
Joseph M. Pino

Mailing Address 370 East 76th Street, #A208

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
Douglas Elliman Property Building Service Worker

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 0 6

Transaction ID: C1718282

Amount of Each Receipt this Period  
130.00

\* Payroll Deduction: 10/WK

**B.** Full Name (Last, First, Middle Initial)  
David Sailer

Mailing Address 223 Valley Rd.

City State Zip Code  
Montclair NJ 07042

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

Name of Employer Occupation  
Local 32BJ SEIU Director of Finance and Admin

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 5 / 2 0 0 6

Transaction ID: C1713862

Amount of Each Receipt this Period  
130.00

\* Payroll Deduction: 10/WK

**C.** Full Name (Last, First, Middle Initial)  
William Salcedo

Mailing Address 197-14 115th Avenue

City State Zip Code  
Saint Albans NY 11412

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

Name of Employer Occupation  
Brown, Harris, Stevens Building Service Worker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 259.98

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 6 / 2 0 0 6

Transaction ID: C1716733

Amount of Each Receipt this Period  
129.99

\* Payroll Deduction: 0/WK

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>389.99</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 12 / 18	
	(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)  
Claudio R. Saldana

Mailing Address PO Box 128

City	State	Zip Code
Effort	PA	18330

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

Name of Employer Local 32BJ SEIU	Occupation Delegate
-------------------------------------	------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00
---	------------------------------------

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2006

Transaction ID: C1713603

Amount of Each Receipt this Period  
130.00

\* Payroll Deduction: 10/WK

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	130.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2754.99

# 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 13 / 18
	<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 04 / 11 / 2006	
Mailing Address 101 Avenue of the Americas		<b>Transaction ID:</b> C1720640	
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 7755.00		
FEC ID number of contributing federal political committee. <b>C</b>	Deposit error.		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 10355.74		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Local 32BJ SEIU		Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2006	
Mailing Address 101 Avenue of the Americas		<b>Transaction ID:</b> C1720641	
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 4475.00		
FEC ID number of contributing federal political committee. <b>C</b>	Deposit error.		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 24407.47		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Local 32BJ SEIU		Date of Receipt M M / D D / Y Y Y Y 05 / 15 / 2006	
Mailing Address 101 Avenue of the Americas		<b>Transaction ID:</b> C1720642	
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 1968.00		
FEC ID number of contributing federal political committee. <b>C</b>	Deposit error.		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 24407.47		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	14198.00
<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 14 / 18
	<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) Local 32BJ SEIU		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 101 Avenue of the Americas		Transaction ID: C1720643	
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. <b>C</b>	Deposit error.		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 24407.47		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Local 32BJ SEIU		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 101 Avenue of the Americas		Transaction ID: C1720644	
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>	Deposit error.		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 24407.47		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Local 32BJ SEIU		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address 101 Avenue of the Americas		Transaction ID: C1720645	
City State Zip Code New York NY 10013	Amount of Each Receipt this Period 1817.00		
FEC ID number of contributing federal political committee. <b>C</b>	Deposit error.		
Name of Employer Occupation	Aggregate Year-to-Date ▼ 24407.47		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2232.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	16430.00

# 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 / 18

<input type="checkbox"/> 21b	<input checked="" 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 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 COPE

Mailing Address 1313 L St., NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Transfer to an Affiliated PAC

Candidate Name

**008**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D402

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**100000.00**

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

**100000.00**

**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 / 18

<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. 32BJ North Fringe Benefit Fund</b>		<b>Transaction ID: D405</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 140 Huguenot Street		Amount of Each Disbursement this Period 732.00
City New Rochelle State NY Zip Code 10801	Purpose of Disbursement Refund/Correction of deposit error.	
Candidate Name		001 Category/Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Building Service 32BJ Benefit Funds</b>		<b>Transaction ID: D404</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 101 Avenue of the Americas		Amount of Each Disbursement this Period 7755.00
City New York State NY Zip Code 10013	Purpose of Disbursement Refund/Correction of deposit error.	
Candidate Name		001 Category/Type
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. Local 32BJ PA American Dream Fund</b>		<b>Transaction ID: D403</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 101 Avenue of the Americas		Amount of Each Disbursement this Period 2500.00
City New York State NY Zip Code 10013	Purpose of Disbursement Transfer to an Affiliated PAC	
Candidate Name		008 Category/Type
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10987.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# 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 / 18

<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

<b>A. Local 32BJ SEIU</b> Full Name (Last, First, Middle Initial) 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		<b>Transaction ID: D406</b> Date of Disbursement 04 / 05 / 2006 Amount of Each Disbursement this Period 65.39 001 Category/Type Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
--	--	--

<b>B. Local 32BJ SEIU</b> Full Name (Last, First, Middle Initial) 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		<b>Transaction ID: D407</b> Date of Disbursement 05 / 24 / 2006 Amount of Each Disbursement this Period 6443.00 001 Category/Type Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
--	--	--

<b>C. Local 32BJ SEIU</b> Full Name (Last, First, Middle Initial) 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		<b>Transaction ID: D408</b> Date of Disbursement 06 / 19 / 2006 Amount of Each Disbursement this Period 350.00 001 Category/Type Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6858.39
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 18 / 18

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Local 32BJ SEIU</p>		<p><b>Transaction ID:</b> D409 <b>Date of Disbursement</b></p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	1		2	0	0	6													
<p>Mailing Address 101 Avenue of the Americas</p>		<p><b>Amount of Each Disbursement this Period</b></p> <table border="1"> <tr> <td>65.00</td> </tr> </table>	65.00																			
65.00																						
<p>City New York State NY Zip Code 10013</p>	<p>Purpose of Disbursement Refund/Correction of deposit error.</p> <p>Candidate Name</p> <p>Category/Type: 001</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p><b>B.</b> Full Name (Last, First, Middle Initial) Local 32BJ SEIU</p>		<p><b>Transaction ID:</b> D410 <b>Date of Disbursement</b></p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		3	0		2	0	0	6													
<p>Mailing Address 101 Avenue of the Americas</p>		<p><b>Amount of Each Disbursement this Period</b></p> <table border="1"> <tr> <td>1817.00</td> </tr> </table>	1817.00																			
1817.00																						
<p>City New York State NY Zip Code 10013</p>	<p>Purpose of Disbursement Refund/Correction of deposit error.</p> <p>Candidate Name</p> <p>Category/Type: 001</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

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

1882.00

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

19727.39