### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	Filer Identification 2005226 Report Filed By : CANDIDATE COMMITTEE LOBBYIST																
Name of Filing C	Committee, Candid	late or L	obbyist:		Loca	al 00	)32BJ	PA Amer	ican D	ream	Fund						
Street Address:	101 AVE OF	THE AME	RICAS														
City:	NEW YORK							State:	NY			Zip Cod	<b>ie:</b> 10	0013			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. <b>X</b>		AMENDM REPORT?		Yes	No	1	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	≣-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	`	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2008					IG METHO	=					<b>/</b>	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	-					DATE O	F ELE	CTIO	N	District Number	Office Code	Pai	ty Code	Count	y
								МО	DAY	YE	AR		100.0	I		5525	
								11		4	2008		(SEE IN	ISTRUCTI	ONS FOR (	CODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAR	ł		_	МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
			1 1	2	800	T	<u> </u>	5		12	2008						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			15,1	150.57						
B. Total Monetary Contributions And Receipts (From Schedule I)							\$			10,0	00.00						
C. Total Funds Available (Sum Of Lines A and B)								25,1	150.57								
D. Total Expenditures (From Schedule III)						\$				0.00							
E. Ending Cash Balance (Subtract Line D From Line C)							\$			25,1	50.57						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Se	chedu	le II	()	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				0.00			•			
				AFF	ID/	٩VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	here.	If th	is is	a Can	ndidate re	eport, o	candi	date sig	ın here.					ı
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	e attached scl	hedule	s file	d on	paper (	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , true	€,
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submit	ting Re	oort		•
	Signati						- -					Prin	ted Name	e			-
My Commission Ex	-	116										Ema	il				-
	МО	D	AY	YR					Are	ea Coc	le	Daytim	e Telepi	none Nu	mber		•
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and beli	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333,	
Sworn to and subso	ribed before me this										Si	ignature o	of Candid	ate			۱.
	day of						_					Drinto	d Name				.
	Signature						-					Printe	d Name				
My Commission Exp	_											Ema	il				
	мо	D	AY	YR	1		•		Area	Code		Da	aytime T	elephor	ne Numb	er	

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
Local 0032BJ PA American Dream Fund	From:	1/1/200	<u>8</u> To:	5/12/2008
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	\$	0.00		
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	10,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	) Period	(3)	\$	10,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	10,000.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Reporting Period					
			From: To			D:		
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL**\$ 0.00

### ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee	e or Candidate		Rep	oorting P	eriod			
			From: To				o:	
					DATE		A	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$** 0.00

#### **PART C**

#### **Contributions Received From Political Committees**

**OVER \$250.00** 

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Per	iod		
Local 0032BJ PA American Dream Fund	From:	1/1/2008	То:	<u>5/12/2008</u>

DATE AMOUNT

Full Name of Contributing Committee  Local 32BJ SEIU American Dream Political Action Fund				DAY	YEAR	
Mailing Address 101 Avenue of the Americas			_	_		<b>\$</b> 10,000.00
City New York	State NY	<b>Zip Code (Plus 4)</b> 10013	5	5	2008	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL \$** 10,000.00

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			orting Pe	riod				
			Fror	n:		То	То:		
				D	ATE		АМО	UNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address State Zin Code (Plus 4)							\$	0.00	
City State Zip Code (Plus 4)									
Employer Name				Occupation					
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Code (	Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	Section	on 3.			PAG	<b>E TOTAL</b> 0.00	

## OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or	Candidate		Report	ing Perio	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$		0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	Section	••			\$		0.00

#### **SCHEDULE II**

#### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
Local 0032BJ PA American Dream Fund	From:	<u>1/1/2008</u> <b>To:</b>	5/12/2008				
. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR							
TOTAL for the Reporting Pe	eriod (1)	\$	0.00				
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)						
TOTAL for the Reporting Pe	eriod (2)	\$	0.00				
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)							
TOTAL for the Reporting Pe	eriod (3)	\$	0.00				
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	•	\$	0.00				

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candidat	:e		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,	PAGE TOTAL		
						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	e				Re	porting F	Period				
					Fro	om:		To:	То:		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address								<b>\$</b>	0.00		
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	tion		•		
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00	

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (	Candidate	ame of Filing Committee or Candidate				Reporting Period				
						То:				
				DATE			AMOUNT			
To Whom Paid				DAY	YEAR					
Mailing Address						\$	0.00			
City State Zip Code (Plus 4) Description of Expenditu			penditure							
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item							PAGE TOTAL			
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D	).			\$	0.00			