

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

ADDRESS (number and street) 125 Barclay Street Check if different than previously reported. (ACC) NEW YORK NY 10007

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00149211 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

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 Year-End 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 (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 11 / 01 / 2017 through 11 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Uddin, Maf, , , Type or Print Name of Treasurer

Signature of Treasurer Uddin, Maf, , , [Electronically Filed] Date 01 / 25 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2017"/> | | 177253.16 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 58504.04 | |
| (c) Total Receipts (from Line 19) | 59982.16 | 722128.46 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 118486.20 | 899381.62 |
| 7. Total Disbursements (from Line 31)..... | 0.00 | 780895.42 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 118486.20 | 118486.20 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
11 / 30 / 2017

| 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 | | |
| (i) Itemized (use Schedule A)..... | 3412.80 | 25885.35 |
| (ii) Unitemized | 56569.36 | 696243.11 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 59982.16 | 722128.46 |
| (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) | 59982.16 | 722128.46 |
| 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.)..... | 0.00 | 0.00 |
| 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 Transfers (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)).....▶ | 59982.16 | 722128.46 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 59982.16 | 722128.46 |

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated 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 | 780895.42 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 | 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 Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated 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)) .. | 0.00 | 780895.42 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00 | 780895.42 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| 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) | 59982.16 | 722128.46 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 59982.16 | 722128.46 |
| 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 OF 35 |
| | <input checked="" 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 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)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Adams, Darryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Hillside Ave
 City Freeport State NY Zip Code 11520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DC37 Occupation (for Individual) Grievance Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.18214
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

B. Adams, Jackie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 Riverdale Dr. #5a
 City New York State NY Zip Code 10032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DC 37 Occupation (for Individual) President of Local 299
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.18215
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

C. Akyenpong, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Pond Way
 City staten island State NY Zip Code 10303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SSEU Local 371 Occupation (for Individual) Grievance Rep
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 506.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.18217
 Amount of Each Receipt this Period 44.00
 Memo Item
 Payroll Deduction

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 84.00 |
| TOTAL 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: (check only one) | PAGE 7 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Allen, Miriam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4322 Claredon Rd

| | | |
|------------------|-------------|-------------------|
| City Brooklyn | State NY | Zip Code 11203 |
|------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) NYC Board of Higher Ed. State | Occupation (for Individual) COLLEGE ADMIN ASSISTANT |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.52

Date of Receipt
 11 / 30 / 2017
Transaction ID : SA11AI.18218

Amount of Each Receipt this Period
 38.46

Memo Item
 Payroll Deduction

B. Bankhead, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1065 Dr.M.L.K. Jr. Blvd

| | | |
|---------------|-------------|-------------------|
| City Bronx | State NY | Zip Code 10452 |
|---------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) District Council 37 | Occupation (for Individual) Council Rep |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 11 / 30 / 2017
Transaction ID : SA11AI.18220

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

C. Barcant, Lorraine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4720 Cemer Blvd
 apt 1410

| | | |
|-------------|-------------|-------------------|
| City LIC | State NY | Zip Code 11109 |
|-------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) NYC SCA | Occupation (for Individual) Technical Inspector |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 30 / 2017
Transaction ID : SA11AI.18221

Amount of Each Receipt this Period
 20.00

Memo Item
 Payroll Deduction

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 98.46 |
| TOTAL 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: (check only one) | PAGE 8 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Benjamin, Peggy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 w 126th st
 City NY State NY Zip Code 10027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Grievance Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18222
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

B. Brown, Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 Napa Dr apt 240
 City Augusta State GA Zip Code 30909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retiree Assoc Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18225
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

C. Brown, Annette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Polar Rd
 City amityville State NY Zip Code 11701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC Transit Auth Occupation (for Individual) TA railcar tech -4
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18224
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 60.00 |
| TOTAL 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: (check only one) | PAGE 9 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Bruni, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Brighton 3rd rd
 City Brooklyn State NY Zip Code 11235
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) NYC Department of Protection Occupation (for Individual) Construction Laborer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2017
 Transaction ID : SA11AI.18226
 Amount of Each Receipt this Period 10.00
 Memo Item
 Payroll Deduction

B. Burger-Arroyo, Judith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1056 E37th St
 City Brooklyn State NY Zip Code 11210
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Grievance Rep, Local President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2645.00

Date of Receipt 11 / 30 / 2017
 Transaction ID : SA11AI.18227
 Amount of Each Receipt this Period 115.00
 Memo Item
 Payroll Deduction

C. Caicedo, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 593 Oak Terrace apt 3E
 City Bronx State NY Zip Code 10454
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) NYC HHC Occupation (for Individual) Service Aide
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
 Transaction ID : SA11AI.18228
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 145.00 |
| TOTAL 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: (check only one) | PAGE 10 OF 35 |
| <input checked="" 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 type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Camero, Felix, , , | | Date of Receipt |
| Mailing Address 1175 Gerard Ave | | <input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2017"/> |
| City Bronx | State NY | Zip Code 10452 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.18229 |
| Name of Employer (for Individual) Dept of Social Services | | Amount of Each Receipt this Period <input type="text" value="20.00"/> |
| Occupation (for Individual) Eligibility specialist | | <input type="checkbox"/> Memo Item Payroll Deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="240.00"/> | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Casey, Cora, , , | | Date of Receipt |
| Mailing Address 49-57 Crown Street | | <input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2017"/> |
| City Brooklyn | State NY | Zip Code 11221 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.18230 |
| Name of Employer (for Individual) NYC Housing Authority | | Amount of Each Receipt this Period <input type="text" value="24.00"/> |
| Occupation (for Individual) Secretary | | <input type="checkbox"/> Memo Item Payroll Deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text" value="288.00"/> | |

| | | |
|---|---|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Charles, Carmen, , , | | Date of Receipt |
| Mailing Address 681 Palisade Ave | | <input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2017"/> |
| City Teaneck | State NJ | Zip Code 07666 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : SA11AI.18232 |
| Name of Employer (for Individual) District Council 37, AFSCME | | Amount of Each Receipt this Period <input type="text" value="20.00"/> |
| Occupation (for Individual) Local President | | <input type="checkbox"/> Memo Item Payroll Deduction |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ <input type="text" value="245.00"/> | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="64.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

**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 11 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Crosland, Valerie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 684 Willoughby Ave.
 apt3
 City Brooklyn State NY Zip Code 11206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC Police Department Occupation (for Individual) Police Communication tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18234
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

B. Custance, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150-49a 20th Ave
 City Whitestone State NY Zip Code 11357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Greivance Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18235
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

C. Dean, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Gainsville Dr
 City Plainview State NY Zip Code 11803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DC37 Occupation (for Individual) H&S Staff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18238
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 60.00 |
| TOTAL 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: (check only one) | PAGE 12 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Dechinea, Aggrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 187-25 Keefeville Ave
 City St Albans State NY Zip Code 11412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SSEU Occupation (for Individual) Local 371staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11Al.18239
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

B. Dellavalle, Alfred, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 132 Baldwin Drive
 City W Hempstead State NY Zip Code 11552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC dept of Social Services Occupation (for Individual) City Laborer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11Al.18240
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

C. DeMarco, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 83 Ramblewood Ave
 City Staten Island State NY Zip Code 10308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Grievance Representative
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11Al.18241
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 60.00 |
| TOTAL 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: (check only one) | PAGE 13 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Dickerson, Cuthbert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1969 Benedict Ave
 City Bronx State NY Zip Code 10462
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) District Council 37 Occupation (for Individual) Grievance Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
 Transaction ID : SA11AI.18242
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

B. Dolan, Moira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 711 Amsterdam Ave #22L
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Assist Director - Research & Neg.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2017
 Transaction ID : SA11AI.18243
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

C. Elias, Alexander, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Jennifer lande
 City staten island State NY Zip Code 10306
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) DC37 Staff Occupation (for Individual) council rep
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt 11 / 30 / 2017
 Transaction ID : SA11AI.18244
 Amount of Each Receipt this Period 38.48
 Memo Item
 Payroll Deduction

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 98.48 |
| TOTAL 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: (check only one) | PAGE 14 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Fontano, Gennaro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3731 Sandra Court
 City Wantagh State NY Zip Code 11793
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) City of NY- health dept. Occupation (for Individual) City Laborer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 30 / 2017
 Transaction ID : SA11AI.18245
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction

B. Frederick, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1730 Carroll st. apt a2
 City brooklyn State NY Zip Code 11213
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) nyc dept of health Occupation (for Individual) public health adv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
 Transaction ID : SA11AI.18246
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

C. Garrido, Henry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91 Gotham Ave
 City Elmont State NY Zip Code 11003
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) District Council 37 Occupation (for Individual) Asst Assoc Director of DC37
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 30 / 2017
 Transaction ID : SA11AI.18248
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... 150.00
TOTAL 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: (check only one) | PAGE 15 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. graham, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27-25 first St
 City Astoria State NY Zip Code 11102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC ACS Occupation (for Individual) Community Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.40

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11Al.18249
 Amount of Each Receipt this Period 16.70
 Memo Item
 Payroll Deduction

B. Gray, Oliver, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 655 E. 14th Street
 City New York State NY Zip Code 10009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11Al.18251
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction

C. Harris-Martinez, Keenya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 Henderson Ave
 City Staten Island State NY Zip Code 10310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC empl retiremnt system Occupation (for Individual) custom rep
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11Al.18252
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 116.70 |
| TOTAL 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: (check only one) | PAGE 16 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Hemingway, Tyler, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Sunglow Terrace
 City Middletown State NY Zip Code 10941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) District Council 37 Occupation (for Individual) Asst Division Director - Hosp.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18254
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

B. Hernandez, Yolanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 E 115th Street
 City NY State NY Zip Code 10029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HPD Occupation (for Individual) community coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18256
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

C. Hooks, Teresa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9802 springfield blvd.
 City queen village State NY Zip Code 11428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bd. of Education Occupation (for Individual) community assoc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18257
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 80.00 |
| TOTAL 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: (check only one) | PAGE 17 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Hyslop, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Terrace Place
 City Brooklyn State NY Zip Code 11218
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) District Council 37 Occupation (for Individual) Local President/Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 7200.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18258
 Amount of Each Receipt this Period 600.00
 Memo Item
 Payroll Deduction

B. Ifill, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 257-37 149th Ave
 City Rosedale State NY Zip Code 11422
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) City of NY-Rent & Rehab Adm Occupation (for Individual) Local President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18259
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

C. Ingram-Edmonds, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 douth Mill Rd
 City West Winsor State NJ Zip Code 08550
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Director of Field Operators
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18260
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 720.00 |
| TOTAL 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: (check only one) | PAGE 18 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. John, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 861 Elda Lane

| | | |
|------------------|-------------|-------------------|
| City Westbury | State NY | Zip Code 11590 |
|------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) DC 37 | Occupation (for Individual) Director of PAL |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 11 / 30 / 2017
Transaction ID : SA11AI.18261

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

B. Johnson, Gerald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 Albermarle Rd

| | | |
|------------------|-------------|-------------------|
| City Brooklyn | State NY | Zip Code 11226 |
|------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) DC 37 | Occupation (for Individual) Representative |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 30 / 2017
Transaction ID : SA11AI.18262

Amount of Each Receipt this Period
 20.00

Memo Item
 Payroll Deduction

C. Johnson, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 87-24 115th street

| | | |
|-----------------------|-------------|-------------------|
| City richmond hill | State NY | Zip Code 11418 |
|-----------------------|-------------|-------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) DC37 ED fund | Occupation (for Individual) Education Dept staff |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 235.00

Date of Receipt
 11 / 30 / 2017
Transaction ID : SA11AI.18263

Amount of Each Receipt this Period
 20.00

Memo Item
 Payroll Deduction

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 80.00 |
| TOTAL 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: (check only one) | PAGE 19 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Joseph, Jahmila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 626 Lincoln Place
 apt 1D

| | | |
|------------------|-------------|-------------------|
| City Brooklyn | State NY | Zip Code 11216 |
|------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) District Council 37 | Occupation (for Individual) Assitant Associate Director |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 11 / 30 / 2017
Transaction ID : SA11AI.18264

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

B. Kadlub, amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 115 Douglas Rd

| | | |
|------------|-------------|-------------------|
| City SI | State NY | Zip Code 10304 |
|------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) District Council 37, AFSCME | Occupation (for Individual) HR Director |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 11 / 30 / 2017
Transaction ID : SA11AI.18265

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

C. Knight, Madonna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 282 E 35th Street

| | | |
|------------------|-------------|-------------------|
| City Brooklyn | State NY | Zip Code 11203 |
|------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) District Council 37, AFSCME | Occupation (for Individual) Council Representative |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 30 / 2017
Transaction ID : SA11AI.18266

Amount of Each Receipt this Period
 20.00

Memo Item
 Payroll Deduction

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 100.00 |
| TOTAL 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: (check only one) | PAGE 20 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Kurun, Sabri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1134 William Court

| | | |
|------------------|-------------|-------------------|
| City Brooklyn | State NY | Zip Code 11235 |
|------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) District Council 37 | Occupation (for Individual) IT Programmer |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 11 / 30 / 2017
Transaction ID : SA11AI.18267

Amount of Each Receipt this Period
 20.00

Memo Item
 Payroll Deduction

B. Lawrence, Eugene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2760 Grand Concourse Apt 1B

| | | |
|---------------|-------------|-------------------|
| City Bronx | State NY | Zip Code 10458 |
|---------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) NYC Parks & Recreation Admin | Occupation (for Individual) Associate Park Service Worker |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 30 / 2017
Transaction ID : SA11AI.18268

Amount of Each Receipt this Period
 20.00

Memo Item
 Payroll Deduction

C. Lewis, Debbie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33-35 Saratoga Ave

| | | |
|------------------|-------------|-------------------|
| City Brooklyn | State NY | Zip Code 11233 |
|------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) NYC Dept of Social Services | Occupation (for Individual) Clerical Associate |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 11 / 30 / 2017
Transaction ID : SA11AI.18269

Amount of Each Receipt this Period
 10.00

Memo Item
 Payroll Deduction

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 50.00 |
| TOTAL 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: (check only one) | PAGE 21 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Lovagelio-Miller, Rose, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 TIEMANN AVENUE
 City BRONX State NY Zip Code 10469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DC37 Occupation (for Individual) Council Rep.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18270
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

B. Matthews, Zachary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 464 Clinton Ave.
 City Brooklyn State NY Zip Code 11238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC Dept of Transportation Adm Occupation (for Individual) City Laborer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18272
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

C. McCaskey, Cory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1235 Woodycrest Ave
 City Bronx State NY Zip Code 10452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC HHC Occupation (for Individual) Patient Care Assoc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18273
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 60.00 |
| TOTAL 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: (check only one) | PAGE 22 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

| | | |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Medina, Belinda, , , | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2017 Transaction ID : SA11Al.18274 |
| Mailing Address 2205 2nd Ave | | Amount of Each Receipt this Period 33.00 |
| City New York | State NY | Zip Code 10029 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item Payroll Deduction |
| Name of Employer (for Individual) NYC Health & Hospital Corp | Occupation (for Individual) Rehabilitation Tech | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 346.00 | |

| | | |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Miller, Terrence, , , | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2017 Transaction ID : SA11Al.18276 |
| Mailing Address 417 Prospect Pl | | Amount of Each Receipt this Period 20.00 |
| City Brooklyn | State NY | Zip Code 11238 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item Payroll Deduction |
| Name of Employer (for Individual) NYC Police Department | Occupation (for Individual) Senior Police Admin. Aide | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Milton, Iven, , , Jr. | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2017 Transaction ID : SA11Al.18277 |
| Mailing Address 253 5th Ave. | | Amount of Each Receipt this Period 20.00 |
| City New Rochelle | State NY | Zip Code 10801 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item Payroll Deduction |
| Name of Employer (for Individual) NYC Fire Dept | Occupation (for Individual) Fire Protection Insp | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 240.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 73.00 |
| TOTAL 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: (check only one) | PAGE 23 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Murphy, Doris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 725 FDR drive
 10g

| | | |
|------------------|-------------|-------------------|
| City New York | State NY | Zip Code 10009 |
|------------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) Local 371 SSEU | Occupation (for Individual) Case worker |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 30 / 2017
Transaction ID : SA11AI.18278

Amount of Each Receipt this Period
 20.00

Memo Item
 Payroll Deduction

B. Negron, Edwin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 East 110th St

| | | |
|------------------|-------------|-------------------|
| City New York | State NY | Zip Code 10029 |
|------------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) City of New York Admin Service | Occupation (for Individual) CITY CUSTODIAL ASST |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 11 / 30 / 2017
Transaction ID : SA11AI.18279

Amount of Each Receipt this Period
 50.00

Memo Item
 Payroll Deduction

C. Ortiz, Miguel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108-18 Ditmars blvd

| | | |
|---------------------|-------------|-------------------|
| City E. Elmhurst | State NY | Zip Code 11369 |
|---------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) NYC HHC | Occupation (for Individual) Dietary aide |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 30 / 2017
Transaction ID : SA11AI.18280

Amount of Each Receipt this Period
 20.00

Memo Item
 Payroll Deduction

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 90.00 |
| TOTAL 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: (check only one) | PAGE 24 OF 35 |
| | <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)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

| | | | | | | | | | | | | | |
|---|--------------------|--|---|-------------|---|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Patrick, Samuel, , , | | | Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>30</td> <td></td> <td>2017</td> </tr> </table> | M M M | / | D D D | / | Y Y Y Y Y Y | 11 | | 30 | | 2017 |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | | |
| 11 | | 30 | | 2017 | | | | | | | | | |
| Mailing Address 477 VAN BUREN STREET #18 | | | Transaction ID : SA11Al.18282 | | | | | | | | | | |
| City BROOKLYN | State NY | Zip Code 11221 | Amount of Each Receipt this Period <table border="1"> <tr> <td>30.00</td> </tr> </table> | 30.00 | | | | | | | | | |
| 30.00 | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item Payroll Deduction | | | | | | | | | | |
| Name of Employer (for Individual) HEALTH AND HOSPITAL CORP | | Occupation (for Individual) SERVICE AIDE | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>251.00</td> </tr> </table> | 251.00 | | | | | | | | | | |
| 251.00 | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|--------------------|--|---|-------------|---|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pemberton, Janice, , , | | | Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>30</td> <td></td> <td>2017</td> </tr> </table> | M M M | / | D D D | / | Y Y Y Y Y Y | 11 | | 30 | | 2017 |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | | |
| 11 | | 30 | | 2017 | | | | | | | | | |
| Mailing Address 128-15 Gotham Rd. | | | Transaction ID : SA11Al.18283 | | | | | | | | | | |
| City s. Ozone Pk | State NY | Zip Code 11420 | Amount of Each Receipt this Period <table border="1"> <tr> <td>16.70</td> </tr> </table> | 16.70 | | | | | | | | | |
| 16.70 | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item Payroll Deduction | | | | | | | | | | |
| Name of Employer (for Individual) NYC ACS | | Occupation (for Individual) Child Protective Spcst | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>200.40</td> </tr> </table> | 200.40 | | | | | | | | | | |
| 200.40 | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|---|--------------------|--|---|-------------|---|-------|---|-------------|----|--|----|--|------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Pennie, Edna, , , | | | Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>30</td> <td></td> <td>2017</td> </tr> </table> | M M M | / | D D D | / | Y Y Y Y Y Y | 11 | | 30 | | 2017 |
| M M M | / | D D D | / | Y Y Y Y Y Y | | | | | | | | | |
| 11 | | 30 | | 2017 | | | | | | | | | |
| Mailing Address 1295 5th Ave apt 11C | | | Transaction ID : SA11Al.18284 | | | | | | | | | | |
| City New York | State NY | Zip Code 10029 | Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table> | 20.00 | | | | | | | | | |
| 20.00 | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | | <input type="checkbox"/> Memo Item Payroll Deduction | | | | | | | | | | |
| Name of Employer (for Individual) NYC DEP | | Occupation (for Individual) Clerical Associate | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>240.00</td> </tr> </table> | 240.00 | | | | | | | | | | |
| 240.00 | | | | | | | | | | | | | |

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <table border="1"> <tr> <td>66.70</td> </tr> </table> | 66.70 |
| 66.70 | | |
| TOTAL This Period (last page this line number only).....▶ | <table border="1"> <tr> <td></td> </tr> </table> | |
| | | |

**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 25 OF 35 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Pennix, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 3rd Street
 City Edison State NJ Zip Code 08837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DC 37 Occupation (for Individual) IT Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11Al.18285
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

B. Perez, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 83-87C Woodhaven Blvd APT 2
 City WOODHAVEN State NY Zip Code 11421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health & Hospital Corp (HHC) Occupation (for Individual) HOUSEKEEPING AIDE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11Al.18286
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction

C. Perry, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105-23 132nd st.
 City s. richmond hill State NY Zip Code 11419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYS board of higher ed Occupation (for Individual) city Laborer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11Al.18287
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL 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: (check only one) | PAGE 26 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Pitts, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4286 Conashaugh Lks
 City Milford State PA Zip Code 18337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Grievance Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.18288
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction

B. Policano, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 340 Haven Ave. apt 6f
 City New York State NY Zip Code 10033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DC 37 Occupation (for Individual) Director Comm.Dept.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.18289
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

C. Powers, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 BRAKEMAN COURT
 City HIGHTSTOWN State NJ Zip Code 08520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Board of Education (BOE) Occupation (for Individual) CITY LABORER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.18290
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 170.00 |
| TOTAL 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: (check only one) | PAGE 27 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

| | | |
|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Pyle, Terence, , , | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2017 Transaction ID : SA11Al.18291 |
| Mailing Address 1067 Eastern Pkwy 1d | | Amount of Each Receipt this Period 20.00 |
| City Brooklyn | State NY | Zip Code 11213 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction |
| Name of Employer (for Individual) DC37 | Occupation (for Individual) Local 420 Staff | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 230.00 | |

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Roach, Robin, , , | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2017 Transaction ID : SA11Al.18293 |
| Mailing Address 135-25 Hoover Ave | | Amount of Each Receipt this Period 80.00 |
| City Kew Gardens | State NY | Zip Code 11435 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction |
| Name of Employer (for Individual) DC 37 | Occupation (for Individual) General Counsel/Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 960.00 | |

| | | |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rodriquez, Edward, , , | | Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2017 Transaction ID : SA11Al.18295 |
| Mailing Address 2 Mountain View Dr | | Amount of Each Receipt this Period 100.00 |
| City Thiells | State NY | Zip Code 10984 |
| FEC ID number of contributing federal political committee. C | | <input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction |
| Name of Employer (for Individual) District Council 37 Local 1549 | Occupation (for Individual) President Local 1549 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼ 1200.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 200.00 |
| TOTAL 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: (check only one) | PAGE 28 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Roper, Alma, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115-24 165th Street
 City Jamaica State NY Zip Code 11434
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) district Council 37 Occupation (for Individual) Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18296
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

B. Sabater, Kathleen, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1566 Macombs Rd
 City Bronx State NY Zip Code 10452
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Dept. of Social Services Occupation (for Individual) Case Workers
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18297
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

C. Schmidt, Joanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1018 Faile St
 City Bronx State NY Zip Code 10459
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) NYC Dept of Health Occupation (for Individual) Family Public Health Nurse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18298
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 60.00 |
| TOTAL 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: (check only one) | PAGE 29 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Simmons, Kyle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1114 Knollwood Drive

| | | |
|-------------------|-------------|-------------------|
| City Tobyhanna | State PA | Zip Code 18466 |
|-------------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) District Council 37, AFSCME | Occupation (for Individual) Grievance Representative |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 30 | | 2017 |

Transaction ID : SA11AI.18299

Amount of Each Receipt this Period
40.00

Memo Item
 Payroll Deduction

B. Smith, John, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O.BOX 199

| | | |
|---------------|-------------|-------------------|
| City BRONX | State NY | Zip Code 10451 |
|---------------|-------------|-------------------|

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

| | |
|--|---|
| Name of Employer (for Individual) City University of New York | Occupation (for Individual) City Custodial Asst. |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 30 | | 2017 |

Transaction ID : SA11AI.18300

Amount of Each Receipt this Period
20.00

Memo Item
 Payroll Deduction

C. Stein, Peter, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 766 Broadway

| | | |
|------------------|-------------|-------------------|
| City Woodmere | State NY | Zip Code 15598 |
|------------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) DC37 | Occupation (for Individual) President local 508 |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | | 30 | | 2017 |

Transaction ID : SA11AI.18302

Amount of Each Receipt this Period
20.00

Memo Item
 Payroll Deduction

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 80.00 |
| TOTAL 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: (check only one) | PAGE 30 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Stevens, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Water Grant St
 City Yonkers State NY Zip Code 10701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Board of Higher Ed. State Occupation (for Individual) INFO TECH SR. ASSOCIATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 477.12

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18303
 Amount of Each Receipt this Period 39.76
 Memo Item
 Payroll Deduction

B. Sykes, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 SCHENCK AVENUE APT.1A
 City GREAT NECK State NY Zip Code 11021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DC37 Occupation (for Individual) DC 37 COUNCIL STAFF EMP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18305
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

C. Terrelonge, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Hull Street
 City Brooklyn State NY Zip Code 11233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) District Council 37 Occupation (for Individual) Asst Director Research Dept.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18306
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 129.76 |
| TOTAL 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: (check only one) | PAGE 31 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Trester, Michele, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9952 66th Road
 apt 9k
 City Queens State NY Zip Code 11374
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) DC 37 Occupation (for Individual) Asst Dir Research dept.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18307
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

B. Tucciarelli, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 361 Mill Rd.
 City Staten Island State NY Zip Code 10306
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Grievance Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18308
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

C. Tucker, Esther, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 934 Lincoln Station
 City New York State NY Zip Code 10037
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) District Council 37, ASFCME Occupation (for Individual) Grievance Representative
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18309
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 80.00 |
| TOTAL 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: (check only one) | PAGE 32 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Uddin, Maf, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 161-17 85th Ave

| | | |
|-----------------------|-------------|-------------------|
| City Jamaica Hills | State NY | Zip Code 11432 |
|-----------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) District Council 37, AFSCME | Occupation (for Individual) Treasurer |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 30 | / | 2017 |

Transaction ID : SA11AI.18310

Amount of Each Receipt this Period
20.00

Memo Item
 Payroll Deduction

B. Vasquez, Cesar, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 969

| | | |
|------------------|-------------|-------------------|
| City New York | State NY | Zip Code 10029 |
|------------------|-------------|-------------------|

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

| | |
|---|--|
| Name of Employer (for Individual) NYC Board of Education | Occupation (for Individual) Community Associate |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 30 | / | 2017 |

Transaction ID : SA11AI.18312

Amount of Each Receipt this Period
20.00

Memo Item
 Payroll Deduction

C. Velasquez, Martin, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 96 Wenlock Street

| | | |
|-----------------------|-------------|-------------------|
| City Staten Island | State NY | Zip Code 10303 |
|-----------------------|-------------|-------------------|

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

| | |
|---|---|
| Name of Employer (for Individual) NY State Board of Higher Educa | Occupation (for Individual) City Laborer |
|---|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
360.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11 | / | 30 | / | 2017 |

Transaction ID : SA11AI.18313

Amount of Each Receipt this Period
30.00

Memo Item
 Payroll Deduction

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional)..... | 70.00 |
| TOTAL 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: (check only one) | PAGE 33 OF 35 |
| | <input checked="" 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 type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Washington, Leon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 744 Vermont Street
 City Brooklyn State NY Zip Code 11207
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 kingsboro comm, college City Laborer
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.18315
 Amount of Each Receipt this Period
 40.00
 Memo Item
 Payroll Deduction

B. Watkins, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 294 Osborn St
 City Brooklyn State NY Zip Code 11212
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 NYC ADMINISTRATIVE SERVICES CITY CUSTODIAL ASST
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.18316
 Amount of Each Receipt this Period
 40.00
 Memo Item
 Payroll Deduction

C. Whatley, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1199 E 53rd Street
 apt 3f
 City Brooklyn State NY Zip Code 11234
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 NYC Dept of Health Jr Public Health Nurse
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2017
Transaction ID : SA11AI.18318
 Amount of Each Receipt this Period
 40.00
 Memo Item
 Payroll Deduction

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 120.00 |
| TOTAL 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: (check only one) | PAGE 34 OF 35 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Wilgenkamp, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2415 wolson Ave
 City Bronx State NY Zip Code 10469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Asst Divison Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18319
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

B. Williams, Wanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Roy Lane
 City Highland State NY Zip Code 12528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Director of Political Action & Legisla
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18320
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

C. Youman, Mercedes, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 E 93rd St 16h
 City NY State NY Zip Code 10128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC Health Dept. Occupation (for Individual) Public Health Nurse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 30 / 2017
Transaction ID : SA11AI.18321
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 140.00 |
| TOTAL 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: (check only one) | PAGE 35 OF 35 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
 DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Young-Pinback, Willie Mae, , ,

Mailing Address 156 south 14th Ave

| | | |
|-------------------|-------------|-------------------|
| City Mt Vernon | State NY | Zip Code 10550 |
|-------------------|-------------|-------------------|

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

| | |
|--|--|
| Name of Employer (for Individual) NYC HPD | Occupation (for Individual) Real Property Manager |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 200.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2017

Transaction ID : SA11Al.18322

Amount of Each Receipt this Period
 16.70

Memo Item
 Payroll Deduction

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 16.70 |
| TOTAL This Period (last page this line number only)..... | 3412.80 |