

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-Q37PEOPL

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

2. **FEC IDENTIFICATION NUMBER** C00149211
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 02 2010 in the State of NY

5. Covering Period 10 14 2010 through 11 22 2010

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

Signature of Treasurer Electronically Filed by Maf Uddin Date 12 02 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		42457.72
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	60135.50									
(c) Total Receipts (from Line 19)	43266.68	501798.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	103402.18	544255.80								
7. Total Disbursements (from Line 31)	60135.50	500989.12								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43266.68	43266.68								
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**

Write or Type Committee Name

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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)	2423.22	12457.43
(ii) Unitemized	40843.46	489340.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)	43266.68	501798.08
(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)	43266.68	501798.08
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	43266.68	501798.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43266.68	501798.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	60135.50	500989.12
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	60135.50	500989.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60135.50	500989.12

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	43266.68	501798.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43266.68	501798.08
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 / 27
	<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 (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Leonard Allen		Date of Receipt
	Mailing Address 512 Powell Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Brooklyn	NY	11212
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8987
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 220.00	Payroll Deduction
		<input type="text"/> 20.00	

B.	Full Name (Last, First, Middle Initial) Miriam Allen		Date of Receipt
	Mailing Address 4322 Claredon Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Brooklyn	NY	11203
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8988
Name of Employer NYC Board of Higher Ed. State		Occupation COLLEGE ADMIN ASSISTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 423.06	Payroll Deduction
		<input type="text"/> 38.46	

C.	Full Name (Last, First, Middle Initial) Peggy Benjamin		Date of Receipt
	Mailing Address 545 w 126th st		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	NY	NY	10027
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8991
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Rep	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 240.00	Payroll Deduction
		<input type="text"/> 25.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 83.46
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 7 / 27
	<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 (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) James Bruni		Date of Receipt
	Mailing Address 22 Brighton 3rd rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Brooklyn	NY	11235
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8992
Name of Employer NYC Department of Protection		Occupation Construction Laborer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
			Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Judith Burger-Arroyo		Date of Receipt
	Mailing Address 1056 E37th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Brooklyn	NY	11210
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8993
Name of Employer District Council 37, AFSCME		Occupation Grievance Rep, Local President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Jason Canidate		Date of Receipt
	Mailing Address 85 Tompkins Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Brooklyn	NY	11206
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8995
Name of Employer NYC POLICE Dept.		Occupation POLICE ADMIN AIDE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 8.00
			Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 228.00
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: PAGE 8 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

<p>A. Full Name (Last, First, Middle Initial) Cora Casey</p> <p>Mailing Address 49-57 Crown Street</p> <p>City State Zip Code Brooklyn NY 11221</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation NYC Housing Authority Secretary</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0</p> <p>Transaction ID: SA11AI.8996</p> <p>Amount of Each Receipt this Period 20.00</p> <p>Payroll Deduction</p>
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<p>B. Full Name (Last, First, Middle Initial) Carmen Charles</p> <p>Mailing Address 681 Palisade Ave</p> <p>City State Zip Code teaneck NJ 07666</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation District Council 37, AFSC-ME Local President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0</p> <p>Transaction ID: SA11AI.8997</p> <p>Amount of Each Receipt this Period 25.00</p> <p>Payroll Deduction</p>
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<p>C. Full Name (Last, First, Middle Initial) Santos Crespo</p> <p>Mailing Address 319 Atkins Ave</p> <p>City State Zip Code Brooklyn NY 11208</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Local 372 NYC Bd of Ed, AFSCME Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 245.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0</p> <p>Transaction ID: SA11AI.8999</p> <p>Amount of Each Receipt this Period 20.00</p> <p>Payroll Deduction</p>
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SUBTOTAL of Receipts This Page (optional)	65.00
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 / 27
	<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 (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Francis Curtis		Date of Receipt
	Mailing Address 100 Beekman St. #8B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	New York	NY	10038
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9000
Name of Employer District Council 37, AFSC-ME		Occupation Program Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 240.00	Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Michael DeMarco		Date of Receipt
	Mailing Address 83 Ramblewood Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Staten Island	NY	10308
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9001
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 210.00	Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Colleen Detroy		Date of Receipt
	Mailing Address 5101 39th St apt. b21		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Woodside	NY	11104
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9002
Name of Employer District Council 37, AFSC-ME		Occupation Administrative Assistant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 240.00	Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 70.00
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 10 / 27
	<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 (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Isabel Figueroa		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 431 E147 Street		Transaction ID: SA11AI.9004		
	City Bronx	State NY	Zip Code 10455	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer Local 420, AFSCME AFL-CIO	Occupation Vice President	Aggregate Year-to-Date 240.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Oliver Gray		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 655 E. 14th Street		Transaction ID: SA11AI.9005		
	City New York	State NY	Zip Code 10009	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer District Council 37, AFSC-ME	Occupation Associate Director	Aggregate Year-to-Date 960.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Stephanie Harris		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 4223 Hill Ave		Transaction ID: SA11AI.9006		
	City Bronx	State NY	Zip Code 10466	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer	Occupation	Aggregate Year-to-Date 210.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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: PAGE 11 / 27
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	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 (D-C37PEOPL

A.

Full Name (Last, First, Middle Initial)
Mr. Tyler Hemingway

Mailing Address 7 Sunglow Terrace

City Middletown State NY Zip Code 10941

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

Name of Employer District Council 37 Occupation Asst Division Director - Hosp.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 11 / 22 / 2010
Transaction ID: SA11AI.9007

Amount of Each Receipt this Period 50.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Mathildegl Holguin

Mailing Address 35-33 64th St 1a

City Woodside State NY Zip Code 11377

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

Name of Employer NYC Social Services Dept Occupation Eligibility Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 22 / 2010
Transaction ID: SA11AI.9009

Amount of Each Receipt this Period 20.00

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Barbara Ingram-Edmonds

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 District Council 37, AFSC-ME Occupation Director of Field Operators

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt 11 / 22 / 2010
Transaction ID: SA11AI.9010

Amount of Each Receipt this Period 100.00

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 12 / 27
	<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 (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Dorothy Jelks		Date of Receipt
	Mailing Address 340 Williams		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Brooklyn	NY	11207
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9011
Name of Employer NYC FIRE DEPARTMENT		Occupation CLERICAL ASSOCIATE	Amount of Each Receipt this Period <input type="text"/> 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Beresford Julien		Date of Receipt
	Mailing Address 2061 Fulton Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Brooklyn	NY	11233
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9014
Name of Employer		Occupation	Amount of Each Receipt this Period <input type="text"/> 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Barbara Kairson		Date of Receipt
	Mailing Address 43 Hamilton Terrence		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	New York	NY	10031
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9016
Name of Employer District Council 37, AFSC-ME		Occupation Director of DC 37 Education Fund	Amount of Each Receipt this Period <input type="text"/> 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 215.00	Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 60.00
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 13 / 27
	<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 (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Madonna Knight		Date of Receipt
	Mailing Address 282 E 35th Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Brooklyn	NY	11203
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9017
Name of Employer District Council 37, AFSC-ME		Occupation Council Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 240.00	Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Clifford Koppelman		Date of Receipt
	Mailing Address 1270 E 19 Street, #1J		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Brooklyn	NY	11230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9018
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 480.00	Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Jane Latour		Date of Receipt
	Mailing Address 72 Seaman apt 6b		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	New York	NY	10034
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9019
Name of Employer District Council 37, AFSC-ME		Occupation Associate Editor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 240.00	Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
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 14 / 27
	<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 (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Eugene Lawrence		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 2760 Grand Concourse Apt 1B		Transaction ID: SA11AI.9020
	City Bronx	State NY	Zip Code 10458
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer NYC Parks & Recreation Admin	Occupation Associate Park Service Worker	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) Marva Lewis		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 5700 Arlington Ave 9u		Transaction ID: SA11AI.9021
	City Riverdale	State NY	Zip Code 10471
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer District Council 37, AFSC-ME	Occupation Division Director	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Adrienne Miller		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 37 Regal Walk		Transaction ID: SA11AI.9022
	City Staten Island	State NY	Zip Code 10303
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer	Occupation	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	65.00
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: PAGE 15 / 27
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 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 (D-C37PEOPL

A.

Full Name (Last, First, Middle Initial)
Veronica Montgomery

Mailing Address 202 Wycham Ct.

City State Zip Code
Slingerlands NY 12159

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

Name of Employer Local 372 NYC Bd of Ed, AFSCME
Occupation President of Local 372

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.9023

Amount of Each Receipt this Period 60.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Edwin Negron

Mailing Address 80 East 110th St

City State Zip Code
New York NY 10029

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

Name of Employer City of New York Admin Service
Occupation CITY CUSTODIAL ASST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.9024

Amount of Each Receipt this Period 50.00

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Ralph Pepe

Mailing Address 125 E.17th Street

City State Zip Code
New York NY 10003

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

Name of Employer District Council 37, AFSCME
Occupation Real Estate Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt
MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.9026

Amount of Each Receipt this Period 90.00

Payroll Deduction

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 16 / 27
	<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 (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Elnora Phillips		Date of Receipt
	Mailing Address 110 E 99th Street apt. 12F		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	New York	NY	10029
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9027
Name of Employer Department of Social Services		Occupation Case Worker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 20.00
Payroll Deduction			

B.	Full Name (Last, First, Middle Initial) Deborah Pitts		Date of Receipt
	Mailing Address 4286 Conashaugh Lks		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Milford	PA	18337
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9028
Name of Employer District Council 37, AFSCME		Occupation Grievance Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.00	<input type="text"/> 30.00
Payroll Deduction			

C.	Full Name (Last, First, Middle Initial) Togba Porte		Date of Receipt
	Mailing Address PO Box 20346		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Staten Island	NY	10302
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9029
Name of Employer Local 420 AFSCME AFL-CIO		Occupation Vice President- Local 420	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 20.00
Payroll Deduction			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 70.00
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 17 / 27
	<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 (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Walthene Primus		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 137-29 Bedell Street		Transaction ID: SA11AI.9030
	City Springfield Grdns	State NY	Zip Code 11413
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Representative	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

B.	Full Name (Last, First, Middle Initial) Darryl Ramsey		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 189-10 Williamson Ave.		Transaction ID: SA11AI.9032
	City Springflds Grd	State NY	Zip Code 11413
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer DC 37		Occupation Grievance Rep	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

C.	Full Name (Last, First, Middle Initial) Wendell Reid		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 29 Marion Ave		Transaction ID: SA11AI.9033
	City Hartsdale	State NY	Zip Code 10530
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer District Council 37, AFSC-ME		Occupation Council Representative	Payroll Deduction
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)	▶	85.00
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 / 27
	<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 (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Michael Riggio	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 38-24 Corporal Stone S	Transaction ID: SA11AI.9034
	City State Zip Code Bayside NY 11361	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer District Council 37, AFSC-ME	Occupation Council Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Lillian Roberts	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 2373 Broadway	Transaction ID: SA11AI.9035
	City State Zip Code New York NY 10024	Amount of Each Receipt this Period 275.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer District Council 37, AFSC-ME	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2585.00	

C.	Full Name (Last, First, Middle Initial) Edward Rodriquez	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 2 Mountain View Dr	Transaction ID: SA11AI.9036
	City State Zip Code Thiells NY 10984	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer District Council 37 Local 1549	Occupation 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)	425.00
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: PAGE 19 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
 DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A. Full Name (Last, First, Middle Initial)
 K G Sabater
 Mailing Address 1566 Macombs Rd
 City State Zip Code
 Bronx NY 10452
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 2 / 2 0 1 0
Transaction ID: SA11AI.9037
 Amount of Each Receipt this Period
 20.00
 Payroll Deduction
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

B. Full Name (Last, First, Middle Initial)
 Paulette Sher
 Mailing Address 381 Edgegrove Avenue
 City State Zip Code
 Staten Island NY 10312
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 2 / 2 0 1 0
Transaction ID: SA11AI.9038
 Amount of Each Receipt this Period
 40.00
 Payroll Deduction
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NYC Off Track Betting Betting Clerk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

C. Full Name (Last, First, Middle Initial)
 Jose Sierra
 Mailing Address 130 South Highland
 City State Zip Code
 Ossining NY 10562
 Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 2 / 2 0 1 0
Transaction ID: SA11AI.9039
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 District Council 37, AFSC-ME Division Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

SUBTOTAL of Receipts This Page (optional) ► **110.00**
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: PAGE 20 / 27
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 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 (D-C37PEOPL

A.

Full Name (Last, First, Middle Initial)
Kyle Simmons

Mailing Address 1114 Knollwood Drive

City State Zip Code
Tobyhanna PA 18466

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

Name of Employer: District Council 37, AFSC-ME
Occupation: Grievance Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 22 / 2010
Transaction ID: SA11AI.9040
Amount of Each Receipt this Period: 20.00
Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Yvonne Singh

Mailing Address 501 E 145th St

City State Zip Code
Bronx NY 10454

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

Name of Employer: Triboro Bridge & Tunnel Auth.
Occupation: Clerical Assoc.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010
Transaction ID: SA11AI.9041
Amount of Each Receipt this Period: 20.00
Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
John Smith

Mailing Address P.O.BOX 199

City State Zip Code
BRONX NY 10451

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

Name of Employer: City University of New York
Occupation: City Custodial Asst.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 11 / 22 / 2010
Transaction ID: SA11AI.9042
Amount of Each Receipt this Period: 20.00
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:	PAGE 21 / 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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 (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) David Stevens		Date of Receipt
	Mailing Address 23 Water Grant St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Yonkers	NY	10701
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Board of Higher Ed. State		Occupation INFO TECH SR. ASSOCIATE	Transaction ID: SA11AI.9043
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 437.36	<input type="text"/> 39.76
			Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Dennis Sullivan		Date of Receipt
	Mailing Address 94 Buckingham Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Yonkers	NY	10701
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer District Council 37, AFSC-ME		Occupation Director of Research and Negotiations	Transaction ID: SA11AI.9044
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 480.00	<input type="text"/> 50.00
			Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Cynthia Tapia-Khan		Date of Receipt
	Mailing Address 1738 Eastburn Ave.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Bronx	NY	10457
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer		Occupation	Transaction ID: SA11AI.9046
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 210.00	<input type="text"/> 20.00
			Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 109.76
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: PAGE 22 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
 DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A. Full Name (Last, First, Middle Initial)
Barbra Terrelonge

Mailing Address 38 Hull Street

City State Zip Code
 Brooklyn NY 11233

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

Name of Employer District Council 37 Occupation Asst Director Research Dept.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: SA11AI.9047

Amount of Each Receipt this Period 50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)
Jeffrey Thompson

Mailing Address 1949 McGraw Ave

City State Zip Code
 Bronx NY 10462

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

Name of Employer NYC Off Track Betting Occupation MOTOR VEHICLE OPERATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

Transaction ID: SA11AI.9048

Amount of Each Receipt this Period 20.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)
James Tucciarelli

Mailing Address 361 Mill Rd.

City State Zip Code
 Staten Island NY 10306

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

Name of Employer District Council 37, AFSC-ME Occupation Grievance Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

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

Transaction ID: SA11AI.9050

Amount of Each Receipt this Period 40.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) ► 110.00

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 / 27
	<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 (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Esther Tucker		Date of Receipt
	Mailing Address P.O. Box 934 Lincoln Station		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	New York	NY	10037
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9051
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 20.00
Payroll Deduction			

B.	Full Name (Last, First, Middle Initial) Maf Uddin		Date of Receipt
	Mailing Address 161-17 85th Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Jamaica Hills	NY	11432
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9053
Name of Employer District Council 37, AFSC-ME		Occupation Treasurer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 25.00
Payroll Deduction			

C.	Full Name (Last, First, Middle Initial) Robin Vall		Date of Receipt
	Mailing Address 7508 Bell Blvd apt 1n		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Bayside	NY	11364
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9054
Name of Employer NY Dept . of Admin. Servi-ce		Occupation Clerical Associate	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 20.00
Payroll Deduction			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 65.00
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: PAGE 24 / 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 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 (D-C37PEOPL

A.

Full Name (Last, First, Middle Initial)

Cesar Vasquez

Mailing Address PO Box 969

City State Zip Code
New York NY 10029

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.9057

Amount of Each Receipt this Period

20.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)

Martin Velasquez

Mailing Address 96 Wenlock Street

City State Zip Code
Staten Island NY 10303

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

Name of Employer Occupation
NY State Board of Higher Educa City Laborer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.9055

Amount of Each Receipt this Period

20.00

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)

Barbara Watkins

Mailing Address 294 Osborn St

City State Zip Code
Brooklyn NY 11212

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

Name of Employer Occupation
NYC ADMINISTRATIVE SERVICES CITY CUSTODIAL ASST

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
324.00

Date of Receipt

MM / DD / YYYY
11 / 22 / 2010

Transaction ID: SA11AI.9058

Amount of Each Receipt this Period

32.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

72.00

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 25 / 27
	<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 (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Kenneth Wheeler		Date of Receipt
	Mailing Address 1100 Teller Ave. apt 2G		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Bronx	NY	10456
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9059
Name of Employer NYC Parks & Recreation Ad- min		Occupation Associate Park Service Worker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 20.00
Payroll Deduction			

B.	Full Name (Last, First, Middle Initial) Chris Wilgenkamp		Date of Receipt
	Mailing Address 2415 wolson Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Bronx	NY	10469
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9060
Name of Employer District Council 37, AFSC- ME		Occupation Asst Divison Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	<input type="text"/> 25.00
Payroll Deduction			

C.	Full Name (Last, First, Middle Initial) Sheryl Williams		Date of Receipt
	Mailing Address 475 Willson Avenue Apt 1D		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Brooklyn	NY	11221
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9061
Name of Employer NYC Finance Administration		Occupation COMPUTER ASSOC.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	<input type="text"/> 20.00
Payroll Deduction			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 65.00
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:	PAGE 26 / 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 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 (D-C37PEOPL

A.	Full Name (Last, First, Middle Initial) Wanda Williams		Date of Receipt
	Mailing Address 25 Roy Lane		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Highland	NY	12528
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer District Council 37, AFSC-ME		Occupation Director of Political Action & Legisla	Transaction ID: SA11AI.9062
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="25.00"/>
		<input type="text" value="240.00"/>	Payroll Deduction

B.	Full Name (Last, First, Middle Initial) Mercedes Youman		Date of Receipt
	Mailing Address 345 E 93rd St 16h		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	NY	NY	10128
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NYC Health Dept.		Occupation Public Health Nurse	Transaction ID: SA11AI.9063
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="40.00"/>
		<input type="text" value="420.00"/>	Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="65.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2423.22"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 27

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

A.

Full Name (Last, First, Middle Initial)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
Transfer

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.8984

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

46448.89

B.

Full Name (Last, First, Middle Initial)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
Trnasfer

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.8985

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

13686.61

SUBTOTAL of Disbursements This Page (optional)

60135.50

TOTAL This Period (last page this line number only)

60135.50