

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 C C00149211 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 / 01 / 2015 through 07 / 31 / 2015

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 Maf Uddin [Electronically Filed] Date 08 / 20 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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="2015"/>	<input type="text" value="126982.79"/>	<input type="text" value="126982.79"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="95614.52"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17779.74"/>	<input type="text" value="317379.44"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="113394.26"/>	<input type="text" value="444362.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="47745.22"/>	<input type="text" value="378713.19"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="65649.04"/>	<input type="text" value="65649.04"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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. 06/2004)

Page 3

Write or Type Committee Name

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

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

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).....	1508.22	5546.66
(ii) Unitemized	16271.52	311832.78
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17779.74	317379.44
(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)	17779.74	317379.44
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))..... ▶	17779.74	317379.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17779.74	317379.44

DETAILED SUMMARY PAGE
of Disbursements

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.....	47745.22	378713.19
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 (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) 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)) ..	47745.22	378713.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47745.22	378713.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	17779.74	317379.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17779.74	317379.44
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 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Miriam Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4322 Claredon Rd
 City Brooklyn State NY Zip Code 11203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYC Board of Higher Ed. State Occupation COLLEGE ADMIN ASSISTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **288.45**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.14933
 Amount of Each Receipt this Period **38.46**
 Payroll Deduction

B. Sharon Bankhead
 Full Name (Last, First, Middle Initial)
 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 District Council 37 Occupation Council Rep
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.14935
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction

C. Judith Burger-Arroyo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1056 E37th St
 City Brooklyn State NY Zip Code 11210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Grievance Rep, Local President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1725.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.14941
 Amount of Each Receipt this Period **230.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	308.46
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 7 OF 15
	<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)

A. Gennaro Fontano
Full Name (Last, First, Middle Initial)

Mailing Address 3731 Sandra Court

City Wantagh State NY Zip Code 11793

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

Name of Employer City of NY- health dept. Occupation City Laborer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.14962

Amount of Each Receipt this Period 30.00

Payroll Deduction

B. Henry Garrido
Full Name (Last, First, Middle Initial)

Mailing Address 91 Gotham Ave

City Elmont State NY Zip Code 11003

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

Name of Employer District Council 37 Occupation Asst Assoc Director of DC37

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.14964

Amount of Each Receipt this Period 100.00

Payroll Deduction

C. Oliver Gray
Full Name (Last, First, Middle Initial)

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 District Council 37, AFSCME Occupation Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.14967

Amount of Each Receipt this Period 80.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00

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 8 OF 15
	<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. Mr. Tyler Hemingway
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Sunflow 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 ▼ 300.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.14969
 Amount of Each Receipt this Period 40.00
 Payroll Deduction

B. Dennis Ifill
 Full Name (Last, First, Middle Initial)
 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 City of NY-Rent & Rehab Adm Occupation Local President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.14972
 Amount of Each Receipt this Period 40.00
 Payroll Deduction

C. Barbara Ingram-Edmonds
 Full Name (Last, First, Middle Initial)
 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, AFSCME Occupation Director of Field Operators
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.14973
 Amount of Each Receipt this Period 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.00
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 15
	<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. Clifford Koppelman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1270 E 19 Street, #1J
 City Brooklyn State NY Zip Code 11230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Grievance Representative
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.14978
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction

B. Ramona Lacen
 Full Name (Last, First, Middle Initial)
 Mailing Address 431 54 St
 City brooklyn State NY Zip Code 11220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYC HHC Occupation enroll rep
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.14980
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction

C. Edwin Negron
 Full Name (Last, First, Middle Initial)
 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 City of New York Admin Service Occupation CITY CUSTODIAL ASST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.14992
 Amount of Each Receipt this Period **50.00**
 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 10 OF 15
	<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. Ralph Pepe
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 E.17th Street
 City New York State NY Zip Code 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 ▼ 300.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.14995
 Amount of Each Receipt this Period 40.00
 Payroll Deduction

B. Deborah Pitts
 Full Name (Last, First, Middle Initial)
 Mailing Address 4286 Conashaugh Lks
 City Milford State PA Zip Code 18337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Grievance Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.14996
 Amount of Each Receipt this Period 30.00
 Payroll Deduction

C. Christopher Policano
 Full Name (Last, First, Middle Initial)
 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 DC 37 Occupation Director Comm.Dept.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.14997
 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: PAGE 11 OF 15
(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 (DC37PEOPLE)

A. John Powers
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 BRAKEMAN COURT
 City State Zip Code
 HIGHTSTOWN NJ 08520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Board of Education (BOE) CITY LABORER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.14998
 Amount of Each Receipt this Period
 40.00
 Payroll Deduction

B. Walthene Primus
 Full Name (Last, First, Middle Initial)
 Mailing Address 137-29 Bedell Street
 City State Zip Code
 Springfield Grdns NY 11413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 District Council 37, AFSCME Grievance Representative
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.14999
 Amount of Each Receipt this Period
 40.00
 Payroll Deduction

C. Jose Robles
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 Malcolm X Blvd.
 apt. 2B
 City State Zip Code
 New York NY 10026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NYC Health & Hospital Corp institutional aide
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 213.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.15004
 Amount of Each Receipt this Period
 28.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 108.00
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 15
	<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. Edward Rodriquez
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Mountain View Dr
 City Thiells State NY Zip Code 10984
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37 Local 1549 Occupation President Local 1549
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.15005
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction

B. Jose Sierra
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 South Highland
 City Ossining State NY Zip Code 10562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Division Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.15009
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction

C. Kyle Simmons
 Full Name (Last, First, Middle Initial)
 Mailing Address 1114 Knollwood Drive
 City Tobyhanna State PA Zip Code 18466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Grievance Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : SA11AI.15010
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 13 OF 15
(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 (DC37PEOPLE)

A. David Stevens
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Water Grant St
 City State Zip Code
 Yonkers NY 10701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Board of Higher Ed. State INFO TECH SR. ASSOCIATE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 298.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.15013
 Amount of Each Receipt this Period
 39.76
 Payroll Deduction

B. Barbra Terrelonge
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Hull Street
 City State Zip Code
 Brooklyn NY 11233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 District Council 37 Asst Director Research Dept.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.15017
 Amount of Each Receipt this Period
 40.00
 Payroll Deduction

C. James Tucciarelli
 Full Name (Last, First, Middle Initial)
 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 Occupation
 District Council 37, AFSCME Grievance Representative
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.15018
 Amount of Each Receipt this Period
 40.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.76
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 14 OF 15
	<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)

A. Barbara Watkins
Full Name (Last, First, Middle Initial)
Mailing Address 294 Osborn St
City Brooklyn State NY Zip Code 11212
FEC ID number of contributing federal political committee. C
Name of Employer NYC ADMINISTRATIVE SERVICES Occupation CITY CUSTODIAL ASST
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.15025
Amount of Each Receipt this Period 32.00
Payroll Deduction

B. Cheryl Whatley
Full Name (Last, First, Middle Initial)
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 NYC Dept of Health Occupation Jr Public Health Nurse
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.15027
Amount of Each Receipt this Period 40.00
Payroll Deduction

C. Mercedes Youman
Full Name (Last, First, Middle Initial)
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 NYC Health Dept. Occupation Public Health Nurse
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.15030
Amount of Each Receipt this Period 40.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	112.00
TOTAL This Period (last page this line number only).....	1508.22

**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)

<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 (DC37PEOPLE)

Full Name (Last, First, Middle Initial) A. AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 1625 L STREET NW		Transaction ID : SB22.14929
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement Transfer	Amount of Each Disbursement this Period 47745.22
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	47745.22
TOTAL This Period (last page this line number only).....▶	47745.22