

**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-037PEOPLE)

ADDRESS (number and street) **PO BOX 2882 CHURCH STREET STATION**
CHURCH STREET STATION
 Check if different than previously reported. (ACC) **NEW YORK NY 10007**

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**

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

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	<input checked="" type="checkbox"/>	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Special (12S)	Runoff (12R)
October 15 Quarterly Report(Q3)		Convention (12C)			
January 31 Quarterly Report(YE)	Election on				in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on				in the State of

5. Covering Period 02 01 2001 through 02 28 2001

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 **ALVIN WARSHAVIAK**

Signature of Treasurer _____ Date **03 20 2001**

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