

# 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)

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  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period   /   /   2016 through   /   /   2016

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 Uddin, Maf, , ,

Signature of Treasurer Uddin, Maf, , , [Electronically Filed] Date   /   /   2016

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**

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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="2016"/>	<input type="text" value="58555.39"/>	<input type="text" value="58555.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="68865.90"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="86281.83"/>	<input type="text" value="562634.61"/>
(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="155147.73"/>	<input type="text" value="621190.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="68865.90"/>	<input type="text" value="534908.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="86281.83"/>	<input type="text" value="86281.83"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	2997.22	11249.66
(ii) Unitemized .....	83284.61	551384.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	86281.83	562634.61
(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) .....	86281.83	562634.61
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)).....▶	86281.83	562634.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	86281.83	562634.61

**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.....	68865.90	534908.17
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)) ..	68865.90	534908.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68865.90	534908.17

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	86281.83	562634.61
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	86281.83	562634.61
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 17
<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. 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 360.00

Date of Receipt 08 / 31 / 2016  
 Transaction ID : SA11AI.16422  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction

**B. 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 307.68

Date of Receipt 08 / 31 / 2016  
 Transaction ID : SA11AI.16423  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 Payroll Deduction

**C. 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 350.00

Date of Receipt 08 / 31 / 2016  
 Transaction ID : SA11AI.16426  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	148.46
<b>TOTAL</b> 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 17
<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 <b>A. Brooker, Nola, , ,</b>		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</td> </tr> <tr> <td>08</td> <td></td> <td>31</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	08		31		2016
M M M	/	D D D	/	Y Y Y Y Y								
08		31		2016								
Mailing Address 1551 UNIONPORT RD APT 5F		<b>Transaction ID : SA11Al.16430</b>										
City BRONX	State NY	Zip Code 10462										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00										
Name of Employer (for Individual) District Council 37	Occupation (for Individual) Division Director	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Burger-Arroyo, Judith, , ,</b>		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</td> </tr> <tr> <td>08</td> <td></td> <td>31</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	08		31		2016
M M M	/	D D D	/	Y Y Y Y Y								
08		31		2016								
Mailing Address 1056 E37th St		<b>Transaction ID : SA11Al.16434</b>										
City Brooklyn	State NY	Zip Code 11210										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 345.00										
Name of Employer (for Individual) District Council 37, AFSCME	Occupation (for Individual) Grievance Rep, Local President	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2070.00											

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Dolan, Moira, , ,</b>		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</td> </tr> <tr> <td>08</td> <td></td> <td>31</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	08		31		2016
M M M	/	D D D	/	Y Y Y Y Y								
08		31		2016								
Mailing Address 711 Amsterdam Ave #22L		<b>Transaction ID : SA11Al.16458</b>										
City New York	State NY	Zip Code 10025										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00										
Name of Employer (for Individual) District Council 37, AFSCME	Occupation (for Individual) Assist Director - Research & Neg.	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 330.00											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	445.00
<b>TOTAL</b> 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 17
	<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	<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 ▼ 270.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.16462**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 Payroll Deduction

**B. 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 ▼ 875.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.16465**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 Payroll Deduction

**C. 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 ▼ 700.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.16469**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<b>TOTAL</b> 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 17
<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 350.00

Date of Receipt 08 / 31 / 2016  
 Transaction ID : SA11AI.16471  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

**B. 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 1688.00

Date of Receipt 08 / 31 / 2016  
 Transaction ID : SA11AI.16475  
 Amount of Each Receipt this Period 750.00  
 Memo Item  
 Payroll Deduction

**C. 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 360.00

Date of Receipt 08 / 31 / 2016  
 Transaction ID : SA11AI.16476  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	840.00
<b>TOTAL</b> 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 17
<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. 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 ▼ 700.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11Al.16477**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**B. 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 ▼ 350.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11Al.16479**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

**C. 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 ▼ 330.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11Al.16483**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 11 OF 17
<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. Medina, Belinda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2205 2nd Ave  
 City New York State NY Zip Code 10029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYC Health & Hospital Corp Occupation (for Individual) Rehabilitation Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.16494**  
 Amount of Each Receipt this Period 37.00  
 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 ▼ 450.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.16499**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction

**C. 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 ▼ 270.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.16506**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	157.00
<b>TOTAL</b> 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 17
	<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. 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 ▼  
875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2016

**Transaction ID : SA11AI.16507**

Amount of Each Receipt this Period  
125.00

Memo Item  
 Payroll Deduction

**B. 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 ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2016

**Transaction ID : SA11AI.16508**

Amount of Each Receipt this Period  
60.00

Memo Item  
 Payroll Deduction

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

Mailing Address 137-29 Bedell Street

City Springfield Grdns    State NY    Zip Code 11413

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 ▼  
320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2016

**Transaction ID : SA11AI.16509**

Amount of Each Receipt this Period  
40.00

Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> 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 17
	<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. Roach, Robin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 135-25 Hoover Ave  
 City Kew Gardens State NY Zip Code 11435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DC 37 Occupation (for Individual) General Counsel/Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.16513**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

**B. Robles, Jose, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 Malcolm X Blvd. apt. 2B  
 City New York State NY Zip Code 10026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYC Health & Hospital Corp Occupation (for Individual) institutional aide  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.16514**  
 Amount of Each Receipt this Period 37.00  
 Memo Item  
 Payroll Deduction

**C. Rodriguez, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) District Council 37 Local 1549 Occupation (for Individual) President Local 1549  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.16515**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	212.00
<b>TOTAL</b> 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 17
	<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. 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
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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  
 08 / 31 / 2016  
**Transaction ID : SA11AI.16519**

Amount of Each Receipt this Period  
 60.00

Memo Item  
 Payroll Deduction

**B. 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
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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 ▼  
 318.08

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : SA11AI.16523**

Amount of Each Receipt this Period  
 39.76

Memo Item  
 Payroll Deduction

**C. Terrelonge, Barbra, , ,**  
 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 ▼  
 350.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : SA11AI.16527**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	149.76
<b>TOTAL</b> 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 17
	<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. 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 ▼ 350.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.16530**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

**B. 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 ▼ 240.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.16535**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction

**C. 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) NYC ADMINISTRATIVE SERVICES Occupation (for Individual) CITY CUSTODIAL ASST  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.16537**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> 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 17
	<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"/>	<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. 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) NYC Dept of Health Occupation (for Individual) Jr Public Health Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.16539**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction

**B. 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 ▼ 700.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : SA11AI.16543**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction

**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  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	2997.22



**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"/> 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)

**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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 24 / 2016

FEC Identification Number: C

Transaction ID : SB22.16548

Amount of Each Disbursement this Period: 68865.90

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	68865.90
<b>TOTAL</b> This Period (last page this line number only).....▶	68865.90