

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.

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

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 / / through / /

10 / 16 / 2014 through 11 / 24 / 2014

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 / /

12 / 04 / 2014

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="2014"/>	<input type="text" value="48901.68"/>	<input type="text" value="48901.68"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="79603.50"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="45190.99"/>	<input type="text" value="531979.35"/>
(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="124794.49"/>	<input type="text" value="580881.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="79603.50"/>	<input type="text" value="535690.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="45190.99"/>	<input type="text" value="45190.99"/>
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)

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).....	2470.22	12194.32
(ii) Unitemized	42720.77	519785.03
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	45190.99	531979.35
(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)	45190.99	531979.35
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))..... ▶	45190.99	531979.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	45190.99	531979.35

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	79603.50	535690.04
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)) ..	79603.50	535690.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79603.50	535690.04

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)	45190.99	531979.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45190.99	531979.35
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: PAGE 6 OF 32
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. Darryl Adams
Full Name (Last, First, Middle Initial)
Mailing Address 70 Hillside Ave
City Freeport State NY Zip Code 11520
FEC ID number of contributing federal political committee. C
Name of Employer DC37 Occupation Greivance Rep
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.13985
Amount of Each Receipt this Period 20.00
Payroll Deduction

B. Michelle Akyenpong
Full Name (Last, First, Middle Initial)
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 SSEU Local 371 Occupation Greivance Rep
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.13986
Amount of Each Receipt this Period 20.00
Payroll Deduction

C. Zita Allen
Full Name (Last, First, Middle Initial)
Mailing Address 270 Convent Ave apt 9f
City New York State NY Zip Code 10031
FEC ID number of contributing federal political committee. C
Name of Employer DC37 Occupation Director of Communications
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 215.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.13987
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 7 OF 32
(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)

Full Name (Last, First, Middle Initial)
A. Miriam Allen

Mailing Address 4322 Claredon Rd

City State Zip Code
Brooklyn NY 11203

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

Name of Employer Occupation
NYC Board of Higher Ed. State COLLEGE ADMIN ASSISTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.83

Date of Receipt
11 / 24 / 2014
Transaction ID : SA11AI.13988

Amount of Each Receipt this Period
38.46

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Sharon Bankhead

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

City State Zip Code
Bronx NY 10452

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

Name of Employer Occupation
District Council 37 Council Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt
11 / 24 / 2014
Transaction ID : SA11AI.13990

Amount of Each Receipt this Period
40.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Peggy Benjamin

Mailing Address 545 w 126th st

City State Zip Code
NY NY 10027

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

Name of Employer Occupation
District Council 37, AFSCME Grievance Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.00

Date of Receipt
11 / 24 / 2014
Transaction ID : SA11AI.13991

Amount of Each Receipt this Period
20.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 98.46

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. Glen Blacks
 Full Name (Last, First, Middle Initial)
 Mailing Address 2120 Madison Ave.
 City new york State NY Zip Code 10037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Local 372 Occupation Exec VP of Local 372
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 11 / 24 / 2014
Transaction ID : SA11AI.13992
 Amount of Each Receipt this Period 400.00
 Payroll Deduction

B. Nola Brooker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1551 UNIONPORT RD APT 5F
 City BRONX State NY Zip Code 10462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37 Occupation Division Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 11 / 24 / 2014
Transaction ID : SA11AI.13995
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

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

Date of Receipt
 11 / 24 / 2014
Transaction ID : SA11AI.13997
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<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 (Last, First, Middle Initial) A. Judith Burger-Arroyo			Date of Receipt
Mailing Address 1056 E37th St			<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Brooklyn	State NY	Zip Code 11210	Transaction ID : SA11AI.13998
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 230.00		
Name of Employer District Council 37, AFSCME	Occupation Grievance Rep, Local President	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2415.00		

Full Name (Last, First, Middle Initial) B. Zonnie Butts			Date of Receipt
Mailing Address 363 Dumont Ave			<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Brooklyn	State NY	Zip Code 11210	Transaction ID : SA11AI.13999
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00		
Name of Employer NYC Dept Education	Occupation School Aide	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. Valerie Cephas			Date of Receipt
Mailing Address 1245 Eastern Pkwy 5b			<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Brooklyn	State NY	Zip Code 11213	Transaction ID : SA11AI.14002
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00		
Name of Employer NYC Dept of Social Services	Occupation case worker	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).....▶	270.00
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 10 OF 32
(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. Ralph Chappell
 Full Name (Last, First, Middle Initial)
 Mailing Address 374 Murray Ave
 City Englewood State NJ Zip Code 07631
 FEC ID number of contributing federal political committee. C
 Name of Employer DC 37 Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14003
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

B. Carmen Charles
 Full Name (Last, First, Middle Initial)
 Mailing Address 681 Palisade Ave
 City Teaneck State NJ Zip Code 07666
 FEC ID number of contributing federal political committee. C
 Name of Employer District Council 37, AFSCME Occupation Local President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14004
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

C. Valerie Crosland
 Full Name (Last, First, Middle Initial)
 Mailing Address 684 Willoughby Ave. apt3
 City Brooklyn State NY Zip Code 11206
 FEC ID number of contributing federal political committee. C
 Name of Employer NYC Police Department Occupation Police Communication tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14007
 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: (check only one)	PAGE 11 OF 32
	<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. Francis Curtis
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Beekman St.
 #8B
 City New York State NY Zip Code 10038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : SA11AI.14008
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

B. Thomas Custance
 Full Name (Last, First, Middle Initial)
 Mailing Address 150-49a 20th Ave
 City Whitestone State NY Zip Code 11357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Greivance Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : SA11AI.14009
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

C. Aggrey Dechinea
 Full Name (Last, First, Middle Initial)
 Mailing Address 187-25 Keefeville Ave
 City St Albans State NY Zip Code 11412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SSEU Occupation Local 371staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : SA11AI.14012
 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: (check only one)	PAGE 12 OF 32
	<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. Michael DeMarco
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Ramblewood Ave
 City Staten Island State NY Zip Code 10308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Grievance Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14013
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

B. Colleen Detroy
 Full Name (Last, First, Middle Initial)
 Mailing Address 5101 39th St apt. b21
 City Woodside State NY Zip Code 11104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Administrative Assistant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14014
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

C. Connie Etheridge
 Full Name (Last, First, Middle Initial)
 Mailing Address 123-18 153rd St
 City Jamaica State NY Zip Code 11434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYC LAW DEPARTMENT Occupation CLERICAL ASSOCIATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14017
 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 13 OF 32
(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 (DC37PEOPLE)

Full Name (Last, First, Middle Initial) A. Brian Fennell			Date of Receipt 11 / 24 / 2014 Transaction ID : SA11Al.14018
Mailing Address 25 Roosevelt Ave			Amount of Each Receipt this Period 20.00
City Carteret	State NJ	Zip Code 07008	Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 210.00	
Name of Employer NYC Transit Authority	Occupation Admin Engineer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Isabel Figueroa			Date of Receipt 11 / 24 / 2014 Transaction ID : SA11Al.14019
Mailing Address 431 E147 Street			Amount of Each Receipt this Period 20.00
City Bronx	State NY	Zip Code 10455	Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 210.00	
Name of Employer Local 420, AFSCME AFL-CIO	Occupation Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) c. Henry Garrido			Date of Receipt 11 / 24 / 2014 Transaction ID : SA11Al.14021
Mailing Address 91 Gotham Ave			Amount of Each Receipt this Period 20.00
City Elmont	State NY	Zip Code 11003	Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 210.00	
Name of Employer District Council 37	Occupation Asst Assoc Director of DC37	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 32
	<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. 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 ▼ 860.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14023
 Amount of Each Receipt this Period 80.00
 Payroll Deduction

B. Cheryl Greene
 Full Name (Last, First, Middle Initial)
 Mailing Address 164 W174th Street 7b
 City Bronx State NY Zip Code 10453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYC Dept.of Social Services Occupation eligibility specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14024
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

C. Stephanie Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 4223 Hill Ave
 City Bronx State NY Zip Code 10466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYC Parks & Recreation Occupation Recreation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14025
 Amount of Each Receipt this Period 20.00
 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: PAGE 15 OF 32
(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 (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 430.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14026
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 440.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14029
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 860.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14030
Amount of Each Receipt this Period 80.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... 160.00
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 16 OF 32
(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 (DC37PEOPLE)

A. Dorothy Jelks
Full Name (Last, First, Middle Initial)
Mailing Address 340 Williams
City Brooklyn State NY Zip Code 11207
FEC ID number of contributing federal political committee. C
Name of Employer NYC FIRE DEPARTMENT Occupation CLERICAL ASSOCIATE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14031
Amount of Each Receipt this Period 20.00
Payroll Deduction

B. Gerald Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 1701 Albermarle Rd
City Brooklyn State NY Zip Code 11226
FEC ID number of contributing federal political committee. C
Name of Employer DC 37 Occupation Representative
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 215.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14034
Amount of Each Receipt this Period 20.00
Payroll Deduction

C. Beresford Julien
Full Name (Last, First, Middle Initial)
Mailing Address 2111 Beekman Pl apt 4e
City Brooklyn State NY Zip Code 11225
FEC ID number of contributing federal political committee. C
Name of Employer NYC Parks Dept. Occupation City Park worker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14035
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 17 OF 32
(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 (DC37PEOPLE)

A. Barbara Kairson
Full Name (Last, First, Middle Initial)
Mailing Address 43 Hamilton Terrence
City New York State NY Zip Code 10031
FEC ID number of contributing federal political committee. C
Name of Employer District Council 37, AFSCME Occupation Director of DC 37 Education Fund
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14038
Amount of Each Receipt this Period 20.00
Payroll Deduction

B. Madonna Knight
Full Name (Last, First, Middle Initial)
Mailing Address 282 E 35th Street
City Brooklyn State NY Zip Code 11203
FEC ID number of contributing federal political committee. C
Name of Employer District Council 37, AFSCME Occupation Council Representative
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 220.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14039
Amount of Each Receipt this Period 20.00
Payroll Deduction

C. 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 430.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14040
Amount of Each Receipt this Period 40.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... 80.00
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 32
	<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)

Full Name (Last, First, Middle Initial) A. Sabri Kurun			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td> <td>24</td><td></td><td></td> <td>2014</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			24			2014			
M	M	/	D	D	/	Y	Y	Y	Y														
11			24			2014																	
Mailing Address 1134 William Court			Transaction ID : SA11AI.14041																				
City Brooklyn	State NY	Zip Code 11235	Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>	20.00																			
20.00																							
FEC ID number of contributing federal political committee. C	Payroll Deduction																						
Name of Employer District Council 37	Occupation IT Programmer	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>215.00</td> </tr> </table>		215.00																			
215.00																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

Full Name (Last, First, Middle Initial) B. Ramona Lacen			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td> <td>24</td><td></td><td></td> <td>2014</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			24			2014			
M	M	/	D	D	/	Y	Y	Y	Y														
11			24			2014																	
Mailing Address 431 54 St			Transaction ID : SA11AI.14042																				
City brooklyn	State NY	Zip Code 11220	Amount of Each Receipt this Period <table border="1"> <tr> <td>30.00</td> </tr> </table>	30.00																			
30.00																							
FEC ID number of contributing federal political committee. C	Payroll Deduction																						
Name of Employer NYC HHC	Occupation enroll rep	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>315.00</td> </tr> </table>		315.00																			
315.00																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

Full Name (Last, First, Middle Initial) C. Eugene Lawrence			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td> <td>24</td><td></td><td></td> <td>2014</td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			24			2014			
M	M	/	D	D	/	Y	Y	Y	Y														
11			24			2014																	
Mailing Address 2760 Grand Concourse Apt 1B			Transaction ID : SA11AI.14043																				
City Bronx	State NY	Zip Code 10458	Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>	20.00																			
20.00																							
FEC ID number of contributing federal political committee. C	Payroll Deduction																						
Name of Employer NYC Parks & Recreation Admin	Occupation Associate Park Service Worker	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>210.00</td> </tr> </table>		210.00																			
210.00																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>70.00</td> </tr> </table>	70.00
70.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 32
	<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 (Last, First, Middle Initial) A. Debbie Lewis		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>24</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	24	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	24	/	2014								
Mailing Address 33-35 Saratoga Ave		Transaction ID : SA11Al.14044										
City Brooklyn	State NY	Zip Code 11233										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer NYC Dept of Social Services	Occupation Clerical Associate	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00											

Full Name (Last, First, Middle Initial) B. Marva Lewis		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>24</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	24	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	24	/	2014								
Mailing Address 5700 Arlington Ave 9u		Transaction ID : SA11Al.14045										
City Riverdale	State NY	Zip Code 10471										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer District Council 37, AFSCME	Occupation Division Director	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00											

Full Name (Last, First, Middle Initial) C. Cory McCaskey		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td>/</td> <td>24</td> <td>/</td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	24	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	24	/	2014								
Mailing Address 1235 Woodycrest Ave		Transaction ID : SA11Al.14049										
City Bronx	State NY	Zip Code 10452										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer NYC HHC	Occupation Patient Care Assoc	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).....▶	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 20 OF 32
(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 (DC37PEOPLE)

A. Mary McCloud
Full Name (Last, First, Middle Initial)
Mailing Address 100 Asch Loop
City Bronx State NY Zip Code 10475
FEC ID number of contributing federal political committee. C
Name of Employer NYC HHC Occupation Patient Care Assoc
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 205.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14050
Amount of Each Receipt this Period 20.00
Payroll Deduction

B. Terrence Miller
Full Name (Last, First, Middle Initial)
Mailing Address 417 Prospect Pl
City Brooklyn State NY Zip Code 11238
FEC ID number of contributing federal political committee. C
Name of Employer NYC Police Department Occupation Senior Police Admin. Aide
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14051
Amount of Each Receipt this Period 20.00
Payroll Deduction

C. Iven Milton Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 253 5th Ave.
City New Rochelle State NY Zip Code 10801
FEC ID number of contributing federal political committee. C
Name of Employer NYC Fire Dept Occupation Fire Protection Insp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14052
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: (check only one)	PAGE 21 OF 32
	<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 (Last, First, Middle Initial) A. Doris Murphy		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : SA11AI.14053
Mailing Address 725 FDR drive 10g		Amount of Each Receipt this Period 20.00
City New York	State NY	Zip Code 10009
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Local 371 SSEU	Occupation Case worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Edwin Negrón		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : SA11AI.14054
Mailing Address 80 East 110th St		Amount of Each Receipt this Period 50.00
City New York	State NY	Zip Code 10029
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer City of New York Admin Service	Occupation CITY CUSTODIAL ASST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) C. Ralph Pepe		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 Transaction ID : SA11AI.14057
Mailing Address 125 E.17th Street		Amount of Each Receipt this Period 40.00
City New York	State NY	Zip Code 10003
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer District Council 37, AFSCME	Occupation Real Estate Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

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 22 OF 32
(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. 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 ▼ 315.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14058
 Amount of Each Receipt this Period 30.00
 Payroll Deduction

B. Walthene Primus
 Full Name (Last, First, Middle Initial)
 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 District Council 37, AFSCME Occupation Grievance Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14059
 Amount of Each Receipt this Period 40.00
 Payroll Deduction

C. Terence Pyle
 Full Name (Last, First, Middle Initial)
 Mailing Address 1067 Eastern Pkwy 1d
 City Brooklyn State NY Zip Code 11213
 FEC ID number of contributing federal political committee. C
 Name of Employer DC37 Occupation Local 420 Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14060
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 23 OF 32
(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 (DC37PEOPLE)

Full Name (Last, First, Middle Initial)
A. Darryl Ramsey

Mailing Address 189-10 Williamson Ave.

City Springflds Grd State NY Zip Code 11413

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

Name of Employer DC 37 Occupation Grievance Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
11 / 24 / 2014
Transaction ID : SA11AI.14061

Amount of Each Receipt this Period
20.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Wendell Reid

Mailing Address 29 Marion Ave

City Hartsdale State NY Zip Code 10530

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

Name of Employer District Council 37, AFSCME Occupation Council Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt
11 / 24 / 2014
Transaction ID : SA11AI.14062

Amount of Each Receipt this Period
20.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Michael Riggio

Mailing Address 38-24 Corporal Stone S

City Bayside State NY Zip Code 11361

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

Name of Employer District Council 37, AFSCME Occupation Council Rep

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt
11 / 24 / 2014
Transaction ID : SA11AI.14063

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: (check only one)	PAGE 24 OF 32
	<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 (Last, First, Middle Initial) A. Lillian Roberts			Date of Receipt
Mailing Address 2373 Broadway			<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.14064
New York	NY	10024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="220.00"/>
Name of Employer	Occupation	Payroll Deduction	
District Council 37, AFSCME	Executive Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2365.00"/>		

Full Name (Last, First, Middle Initial) B. Edward Rodriguez			Date of Receipt
Mailing Address 2 Mountain View Dr			<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.14065
Thiells	NY	10984	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation	Payroll Deduction	
District Council 37 Local 1549	President Local 1549		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1075.00"/>		

Full Name (Last, First, Middle Initial) C. Alma Roper			Date of Receipt
Mailing Address 115-24 165th Street			<input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.14066
Jamaica	NY	11434	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation	Payroll Deduction	
district Council 37	Representative		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="215.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="340.00"/>
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 25 OF 32
	<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. K G Sabater
Full Name (Last, First, Middle Initial)

Mailing Address 1566 Macombs Rd

City State Zip Code
Bronx NY 10452

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

Name of Employer Occupation
Dept. of Social Services Case Workers

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014
Transaction ID : SA11AI.14067

Amount of Each Receipt this Period
20.00

Payroll Deduction

B. Joanne Schmidt
Full Name (Last, First, Middle Initial)

Mailing Address 1018 Faile St

City State Zip Code
Bronx NY 10459

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

Name of Employer Occupation
NYC Dept of Health Family Public Health Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014
Transaction ID : SA11AI.14068

Amount of Each Receipt this Period
20.00

Payroll Deduction

C. Jose Sierra
Full Name (Last, First, Middle Initial)

Mailing Address 130 South Highland

City State Zip Code
Ossining NY 10562

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

Name of Employer Occupation
District Council 37, AFSCME Division Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014
Transaction ID : SA11AI.14069

Amount of Each Receipt this Period
40.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 32
	<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. 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 ▼ 220.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14070
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

B. Alicia Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 3405 Neptune Ave apt 1949
 City Brooklyn State NY Zip Code 11224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYC Dept. of Soc. Services Occupation Eligibility Spec.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14071
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

C. John Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O.BOX 199
 City BRONX State NY Zip Code 10451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 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 / 24 / 2014
Transaction ID : SA11AI.14072
 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: (check only one)	PAGE 27 OF 32
	<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. David Stevens
Full Name (Last, First, Middle Initial)
Mailing Address 23 Water Grant St
City Yonkers State NY Zip Code 10701
FEC ID number of contributing federal political committee. C
Name of Employer Board of Higher Ed. State Occupation INFO TECH SR. ASSOCIATE
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 417.48

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14073
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 Brooklyn State NY Zip Code 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 430.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14077
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 Staten Island State NY Zip Code 10306
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 430.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14078
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 28 OF 32
	<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. Esther Tucker
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 934 Lincoln Station

City New York State NY Zip Code 10037

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

Name of Employer District Council 37, AFSCME Occupation Grievance Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : SA11AI.14079

Amount of Each Receipt this Period **20.00**

Payroll Deduction

B. Maf Uddin
Full Name (Last, First, Middle Initial)

Mailing Address 161-17 85th Ave

City Jamiaca Hills State NY Zip Code 11432

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

Name of Employer District Council 37, AFSCME Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : SA11AI.14081

Amount of Each Receipt this Period **20.00**

Payroll Deduction

C. Robin Vall
Full Name (Last, First, Middle Initial)

Mailing Address 7508 Bell Blvd apt 1n

City Bayside State NY Zip Code 11364

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

Name of Employer NY Dept . of Admin. Service Occupation Clerical Associate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **11 / 24 / 2014**
Transaction ID : SA11AI.14082

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: (check only one)	PAGE 29 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Cesar Vasquez			Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : SA11AI.14083
Mailing Address PO Box 969			Amount of Each Receipt this Period 20.00
City New York	State NY	Zip Code 10029	Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 210.00	
Name of Employer NYC Board of Education	Occupation Community Associate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Martin Velasquez			Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : SA11AI.14084
Mailing Address 96 Wenlock Street			Amount of Each Receipt this Period 20.00
City Staten Island	State NY	Zip Code 10303	Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 210.00	
Name of Employer NY State Board of Higher Educa	Occupation City Laborer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Yensenia Villanueva			Date of Receipt M M / D D / Y Y Y Y Y 11 / 24 / 2014 Transaction ID : SA11AI.14085
Mailing Address 90 East End Ave			Amount of Each Receipt this Period 20.00
City New York	State NY	Zip Code 10028	Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 210.00	
Name of Employer DC 37	Occupation Council Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

A. 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 ▼ 336.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14086
 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 ▼ 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14088
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

C. Kenneth Wheeler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 Teller Ave. apt 2G
 City Bronx State NY Zip Code 10456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYC Parks & Recreation Admin Occupation Associate Park Service Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14089
 Amount of Each Receipt this Period 20.00
 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: PAGE 31 OF 32
(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 (DC37PEOPLE)

A. Chris Wilgenkamp
Full Name (Last, First, Middle Initial)
Mailing Address 2415 wolson Ave
City Bronx State NY Zip Code 10469
FEC ID number of contributing federal political committee. C
Name of Employer District Council 37, AFSCME Occupation Asst Divison Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 215.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14090
Amount of Each Receipt this Period 20.00
Payroll Deduction

B. 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 420.00

Date of Receipt 11 / 24 / 2014
Transaction ID : SA11AI.14092
Amount of Each Receipt this Period 40.00
Payroll Deduction

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	2470.22

**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 10 / 27 / 2014
Mailing Address 1625 L STREET NW		Transaction ID : SB22.14095
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period 61774.75	
Purpose of Disbursement Transfer	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. AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED		Date of Disbursement MM / DD / YYYY 10 / 31 / 2014
Mailing Address 1625 L STREET NW		Transaction ID : SB22.14096
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period 17828.75	
Purpose of Disbursement Transfer	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	Category/ Type	
Purpose of Disbursement	Candidate Name	
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).....▶	79603.50
TOTAL This Period (last page this line number only).....▶	79603.50