

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

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 11 / 01 / 2015 through [MM] / [DD] / [YYYY] 11 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Maf Uddin

Signature of Treasurer Maf Uddin [Electronically Filed] Date 12 / 17 / 2015

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="126982.79"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="49173.07"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="56831.97"/>	<input type="text" value="575454.36"/>
(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="106005.04"/>	<input type="text" value="702437.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="49173.07"/>	<input type="text" value="645605.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56831.97"/>	<input type="text" value="56831.97"/>
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

Write or Type Committee Name

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

Report Covering the Period: From: 11 / 01 / 2015 To: 11 / 30 / 2015

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).....	2890.03	14942.35
(ii) Unitemized	53941.94	560512.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	56831.97	575454.36
(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)	56831.97	575454.36
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))..... ▶	56831.97	575454.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	56831.97	575454.36

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.....	49173.07	645605.18
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)) ..	49173.07	645605.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49173.07	645605.18

DETAILED SUMMARY PAGE
of Disbursements

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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)	56831.97	575454.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56831.97	575454.36
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 31
	<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)

Full Name (Last, First, Middle Initial) A. Darryl Adams			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		30		2015
M M	/	D D	/	Y Y Y Y									
11		30		2015									
Mailing Address 70 Hillside Ave			Transaction ID : SA11AI.15330										
City Freeport	State NY	Zip Code 11520	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 DC37	Occupation Grievance Rep	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) ▼													

Full Name (Last, First, Middle Initial) B. Michelle Akyenpong			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		30		2015
M M	/	D D	/	Y Y Y Y									
11		30		2015									
Mailing Address 115 Pond Way			Transaction ID : SA11AI.15332										
City staten island	State NY	Zip Code 10303	Amount of Each Receipt this Period <table border="1"> <tr> <td>40.00</td> </tr> </table>	40.00									
40.00													
FEC ID number of contributing federal political committee. C	Payroll Deduction												
Name of Employer SSEU Local 371	Occupation Grievance Rep	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>280.00</td> </tr> </table>		280.00									
280.00													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼													

Full Name (Last, First, Middle Initial) C. Miriam Allen			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>30</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		30		2015
M M	/	D D	/	Y Y Y Y									
11		30		2015									
Mailing Address 4322 Claredon Rd			Transaction ID : SA11AI.15333										
City Brooklyn	State NY	Zip Code 11203	Amount of Each Receipt this Period <table border="1"> <tr> <td>57.69</td> </tr> </table>	57.69									
57.69													
FEC ID number of contributing federal political committee. C	Payroll Deduction												
Name of Employer NYC Board of Higher Ed. State	Occupation COLLEGE ADMIN ASSISTANT	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>461.52</td> </tr> </table>		461.52									
461.52													
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>117.69</td> </tr> </table>	117.69
117.69		
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 7 OF 31
	<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. Sharon Bankhead
 Full Name (Last, First, Middle Initial)
 Mailing Address 1065 Dr.M.L.K. Jr. Blvd
 City Bronx State NY Zip Code 10452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37 Occupation Council Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15340
 Amount of Each Receipt this Period 50.00
 Payroll Deduction

B. Peggy Benjamin
 Full Name (Last, First, Middle Initial)
 Mailing Address 545 w 126th st
 City NY State NY Zip Code 10027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Grievance Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15335
 Amount of Each Receipt this Period 25.00

C. 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 ▼ 345.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15342
 Amount of Each Receipt this Period 50.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<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. Annette Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Polar Rd
 City amityville State NY Zip Code 11701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYC Transit Auth Occupation TA railcar tech -4
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15343
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

B. 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 ▼ 240.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15344
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

C. Judith Burger-Arroyo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1056 E37th St
 City Brooklyn State NY Zip Code 11210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Grievance Rep, Local President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2760.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15345
 Amount of Each Receipt this Period 230.00
 Payroll Deduction

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: (check only one)	PAGE 9 OF 31
	<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. Felix Camero
Full Name (Last, First, Middle Initial)
Mailing Address 1175 Gerard Ave
City Bronx State NY Zip Code 10452
FEC ID number of contributing federal political committee. C
Name of Employer Dept of Social Services Occupation Eligibility specialist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15347
Amount of Each Receipt this Period 20.00
Payroll Deduction

B. Cora Casey
Full Name (Last, First, Middle Initial)
Mailing Address 49-57 Crown Street
City Brooklyn State NY Zip Code 11221
FEC ID number of contributing federal political committee. C
Name of Employer NYC Housing Authority Occupation Secretary
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 276.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15348
Amount of Each Receipt this Period 36.00
Payroll Deduction

C. Valerie Cephas
Full Name (Last, First, Middle Initial)
Mailing Address 1245 Eastern Pkwy 5b
City Brooklyn State NY Zip Code 11213
FEC ID number of contributing federal political committee. C
Name of Employer NYC Dept of Social Services Occupation case worker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15349
Amount of Each Receipt this Period 20.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
	<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. Ralph Chappell		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>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	30	/	2015								
Mailing Address 374 Murray Ave		Transaction ID : SA11AI.15350										
City Englewood	State NJ	Zip Code 07631										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer DC 37	Occupation Attorney	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00											

Full Name (Last, First, Middle Initial) B. Carmen Charles		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>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	30	/	2015								
Mailing Address 681 Palisade Ave		Transaction ID : SA11AI.15351										
City Teaneck	State NJ	Zip Code 07666										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer District Council 37, AFSCME	Occupation Local President	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00											

Full Name (Last, First, Middle Initial) C. Valerie Crosland		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>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	30	/	2015								
Mailing Address 684 Willoughby Ave. apt3		Transaction ID : SA11AI.15353										
City Brooklyn	State NY	Zip Code 11206										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer NYC Police Department	Occupation Police Communication tech	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00											

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
	<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. Francis Curtis		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>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	30	/	2015								
Mailing Address 100 Beekman St. #8B		Transaction ID : SA11AI.15354										
City New York	State NY	Zip Code 10038										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer District Council 37, AFSCME	Occupation Program Director	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00											

Full Name (Last, First, Middle Initial) B. Thomas Custance		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>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	30	/	2015								
Mailing Address 150-49a 20th Ave		Transaction ID : SA11AI.15355										
City Whitestone	State NY	Zip Code 11357										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer District Council 37, AFSCME	Occupation Greivance Rep	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00											

Full Name (Last, First, Middle Initial) C. Aggrey Dechinea		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>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	30	/	2015								
Mailing Address 187-25 Keefeville Ave		Transaction ID : SA11AI.15357										
City St Albans	State NY	Zip Code 11412										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer SSEU	Occupation Local 371staff	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00											

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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 31
	<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. Alfred Dellavalle
 Full Name (Last, First, Middle Initial)
 Mailing Address 132 Baldwin Drive
 City W Hempstead State NY Zip Code 11552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYC dept of Social Services Occupation City Laborer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15358
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

B. 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 ▼ 240.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15359
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

C. Cuthbert Dickerson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1969 Benedict Ave
 City Bronx State NY Zip Code 10462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37 Occupation Grievance Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15360
 Amount of Each Receipt this Period 30.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 13 OF 31
	<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. Moira Dolan		Date of Receipt MM / DD / YYYY 11 / 30 / 2015 Transaction ID : SA11AI.15361
Mailing Address 711 Amsterdam Ave #22L		Amount of Each Receipt this Period 100.00
City New York	State NY	Zip Code 10025
FEC ID number of contributing federal political committee. C	Name of Employer District Council 37, AFSCME	Occupation Assist Director - Research & Neg.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 358.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Brian Fennell		Date of Receipt MM / DD / YYYY 11 / 30 / 2015 Transaction ID : SA11AI.15363
Mailing Address 25 Roosevelt Ave		Amount of Each Receipt this Period 30.00
City Carteret	State NJ	Zip Code 07008
FEC ID number of contributing federal political committee. C	Name of Employer NYC Transit Authority	Occupation Admin Engineer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Isabel Figueroa		Date of Receipt MM / DD / YYYY 11 / 30 / 2015 Transaction ID : SA11AI.15364
Mailing Address 431 E147 Street		Amount of Each Receipt this Period 25.00
City Bronx	State NY	Zip Code 10455
FEC ID number of contributing federal political committee. C	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) ▼	Aggregate Year-to-Date ▼ 240.00	
Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	105.00
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 31
	<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. Gennaro Fontano
 Full Name (Last, First, Middle Initial)
 Mailing Address 3731 Sandra Court
 City Wantagh State NY Zip Code 11793
 FEC ID number of contributing federal political committee. **C**
 Name of Employer City of NY- health dept. Occupation City Laborer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : SA11AI.15365
 Amount of Each Receipt this Period **300.00**
 Payroll Deduction

B. Henry Garrido
 Full Name (Last, First, Middle Initial)
 Mailing Address 91 Gotham Ave
 City Elmont State NY Zip Code 11003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37 Occupation Asst Assoc Director of DC37
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : SA11AI.15366
 Amount of Each Receipt this Period **125.00**
 Payroll Deduction

C. Oliver Gray
 Full Name (Last, First, Middle Initial)
 Mailing Address 655 E. 14th Street
 City New York State NY Zip Code 10009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **660.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : SA11AI.15367
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	255.00
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 15 OF 31
	<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 ▼ 480.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15369
 Amount of Each Receipt this Period 50.00
 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 ▼ 480.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15373
 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 ▼ 960.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15374
 Amount of Each Receipt this Period 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 190.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
	<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. 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 ▼ 240.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15375
Amount of Each Receipt this Period 200.00
Payroll Deduction

B. amy Kadlub
Full Name (Last, First, Middle Initial)
Mailing Address 115 Douglas Rd
City SI State NY Zip Code 10304
FEC ID number of contributing federal political committee. C
Name of Employer District Council 37, AFSCME Occupation HR Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 306.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15376
Amount of Each Receipt this Period 50.00
Payroll Deduction

C. 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 ▼ 240.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15377
Amount of Each Receipt this Period 25.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 95.00
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 17 OF 31
	<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. 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 ▼ 480.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15378

Amount of Each Receipt this Period 50.00

Payroll Deduction

B. Sabri Kurun
Full Name (Last, First, Middle Initial)

Mailing Address 1134 William Court

City Brooklyn State NY Zip Code 11235

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

Name of Employer District Council 37 Occupation IT Programmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15379

Amount of Each Receipt this Period 25.00

Payroll Deduction

C. Ramona Lacen
Full Name (Last, First, Middle Initial)

Mailing Address 431 54 St

City brooklyn State NY Zip Code 11220

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

Name of Employer NYC HHC Occupation enroll rep

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15380

Amount of Each Receipt this Period 30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00

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 31
	<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. Eugene Lawrence		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>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	30	/	2015								
Mailing Address 2760 Grand Concourse Apt 1B		Transaction ID : SA11AI.15381										
City Bronx	State NY	Zip Code 10458										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer NYC Parks & Recreation Admin	Occupation Asssociate Park Service Worker	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00											

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>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	30	/	2015								
Mailing Address 5700 Arlington Ave 9u		Transaction ID : SA11AI.15383										
City Riverdale	State NY	Zip Code 10471										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer District Council 37, 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 ▼ 245.00											

Full Name (Last, First, Middle Initial) C. Zachary Matthews		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>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	30	/	2015								
Mailing Address 464 Clinton Ave.		Transaction ID : SA11AI.15386										
City Brooklyn	State NY	Zip Code 11238										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer NYC Dept of Transportation Adm	Occupation City Laborer	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00											

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 31
	<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. Cory McCaskey
Full Name (Last, First, Middle Initial)
Mailing Address 1235 Woodycrest Ave
City Bronx State NY Zip Code 10452
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 ▼ 240.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15387
Amount of Each Receipt this Period 25.00
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 / 30 / 2015
Transaction ID : SA11AI.15388
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 ▼ 240.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15389
Amount of Each Receipt this Period 20.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 65.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 31
	<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 <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>30</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			30			2015			
M	M	/	D	D	/	Y	Y	Y	Y													
11			30			2015																
Mailing Address 725 FDR drive 10g		Transaction ID : SA11AI.15390																				
City New York	State NY	Zip Code 10009																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00																				
Name of Employer Local 371 SSEU	Occupation Case worker	Payroll Deduction																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00																					

Full Name (Last, First, Middle Initial) B. Edwin Negrón		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>30</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			30			2015			
M	M	/	D	D	/	Y	Y	Y	Y													
11			30			2015																
Mailing Address 80 East 110th St		Transaction ID : SA11AI.15391																				
City New York	State NY	Zip Code 10029																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00																				
Name of Employer City of New York Admin Service	Occupation CITY CUSTODIAL ASST	Payroll Deduction																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00																					

Full Name (Last, First, Middle Initial) C. Ralph Pepe		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>30</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			30			2015			
M	M	/	D	D	/	Y	Y	Y	Y													
11			30			2015																
Mailing Address 125 E.17th Street		Transaction ID : SA11AI.15394																				
City New York	State NY	Zip Code 10003																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00																				
Name of Employer District Council 37, AFSCME	Occupation Real Estate Manager	Payroll Deduction																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00																					

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: (check only one)	PAGE 21 OF 31
	<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. Christopher Policano
 Full Name (Last, First, Middle Initial)
 Mailing Address 340 Haven Ave.
 apt 6f
 City New York State NY Zip Code 10033
 FEC ID number of contributing federal political committee. C
 Name of Employer DC 37 Occupation Director Comm.Dept.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15396
 Amount of Each Receipt this Period 125.00
 Payroll Deduction

B. John Powers
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 BRAKEMAN COURT
 City HIGHTSTOWN State NJ Zip Code 08520
 FEC ID number of contributing federal political committee. C
 Name of Employer Board of Education (BOE) Occupation CITY LABORER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15397
 Amount of Each Receipt this Period 40.00
 Payroll Deduction

C. 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 ▼ 480.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15398
 Amount of Each Receipt this Period 60.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00
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 22 OF 31
	<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. 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 ▼
240.00

Date of Receipt
11 / 30 / 2015
Transaction ID : SA11AI.15399

Amount of Each Receipt this Period
20.00

Payroll Deduction

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

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 ▼
240.00

Date of Receipt
11 / 30 / 2015
Transaction ID : SA11AI.15400

Amount of Each Receipt this Period
20.00

Payroll Deduction

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

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 ▼
240.00

Date of Receipt
11 / 30 / 2015
Transaction ID : SA11AI.15401

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 31
	<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 Riggio
Full Name (Last, First, Middle Initial)

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 ▼
240.00

Date of Receipt
11 / 30 / 2015
Transaction ID : SA11AI.15402

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Jose Robles
Full Name (Last, First, Middle Initial)

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 NYC Health & Hospital Corp Occupation institutional aide

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
327.00

Date of Receipt
11 / 30 / 2015
Transaction ID : SA11AI.15403

Amount of Each Receipt this Period
25.00

Payroll Deduction

C. Edward Rodriguez
Full Name (Last, First, Middle Initial)

Mailing Address 2 Mountain View Dr

City Thiells State NY Zip Code 10984

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

Name of Employer District Council 37 Local 1549 Occupation President Local 1549

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
11 / 30 / 2015
Transaction ID : SA11AI.15404

Amount of Each Receipt this Period
125.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00

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 31
	<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. Alma Roper
Full Name (Last, First, Middle Initial)

Mailing Address 115-24 165th Street

City State Zip Code
Jamaica NY 11434

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

Name of Employer Occupation
district Council 37 Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015
Transaction ID : SA11AI.15405

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. 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 ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015
Transaction ID : SA11AI.15406

Amount of Each Receipt this Period
20.00

Payroll Deduction

C. 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 ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015
Transaction ID : SA11AI.15407

Amount of Each Receipt this Period
20.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	65.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 31
	<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. Jose Sierra
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 South Highland
 City Ossining State NY Zip Code 10562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Division Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15408
 Amount of Each Receipt this Period 100.00
 Payroll Deduction

B. 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 ▼ 480.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15409
 Amount of Each Receipt this Period 40.00
 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 ▼ 240.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15410
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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 31
	<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. David Stevens			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>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
11	/	30	/	2015									
Mailing Address 23 Water Grant St			Transaction ID : SA11Al.15411										
City Yonkers	State NY	Zip Code 10701	Amount of Each Receipt this Period <table border="1"> <tr> <td>59.64</td> </tr> </table>	59.64									
59.64													
FEC ID number of contributing federal political committee. C	Name of Employer Board of Higher Ed. State		Payroll Deduction										
	Occupation INFO TECH SR. ASSOCIATE												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>477.12</td> </tr> </table>			477.12									
477.12													

Full Name (Last, First, Middle Initial) B. Steven Sykes			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>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
11	/	30	/	2015									
Mailing Address 90 SCHENCK AVENUE APT.1A			Transaction ID : SA11Al.15415										
City GREAT NECK	State NY	Zip Code 11021	Amount of Each Receipt this Period <table border="1"> <tr> <td>25.00</td> </tr> </table>	25.00									
25.00													
FEC ID number of contributing federal political committee. C	Name of Employer DC37		Payroll Deduction										
	Occupation DC 37 COUNCIL STAFF EMP												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>240.00</td> </tr> </table>			240.00									
240.00													

Full Name (Last, First, Middle Initial) C. Barbra Terrelonge			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>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y									
11	/	30	/	2015									
Mailing Address 38 Hull Street			Transaction ID : SA11Al.15416										
City Brooklyn	State NY	Zip Code 11233	Amount of Each Receipt this Period <table border="1"> <tr> <td>50.00</td> </tr> </table>	50.00									
50.00													
FEC ID number of contributing federal political committee. C	Name of Employer District Council 37		Payroll Deduction										
	Occupation Asst Director Research Dept.												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>480.00</td> </tr> </table>			480.00									
480.00													

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>134.64</td> </tr> </table>	134.64
134.64		
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 27 OF 31
	<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. James Tucciarelli		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>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	30	/	2015								
Mailing Address 361 Mill Rd.		Transaction ID : SA11Al.15417										
City Staten Island	State NY	Zip Code 10306										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00										
Name of Employer District Council 37, AFSCME	Occupation Grievance Representative	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00											

Full Name (Last, First, Middle Initial) B. Esther Tucker		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>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	30	/	2015								
Mailing Address P.O. Box 934 Lincoln Station		Transaction ID : SA11Al.15418										
City New York	State NY	Zip Code 10037										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00										
Name of Employer District Council 37, ASFCME	Occupation Grievance Representative	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00											

Full Name (Last, First, Middle Initial) C. Maf Uddin		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>30</td> <td>/</td> <td>2015</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11	/	30	/	2015
M M M	/	D D D	/	Y Y Y Y Y Y								
11	/	30	/	2015								
Mailing Address 161-17 85th Ave		Transaction ID : SA11Al.15419										
City Jamiaca Hills	State NY	Zip Code 11432										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00										
Name of Employer District Council 37, AFSCME	Occupation Treasurer	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00											

SUBTOTAL of Receipts This Page (optional).....▶	95.00
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 28 OF 31
	<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. Martin Velasquez
 Full Name (Last, First, Middle Initial)
 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 NY State Board of Higher Educa Occupation City Laborer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15422
 Amount of Each Receipt this Period 30.00
 Payroll Deduction

B. 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 ▼ 424.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15423
 Amount of Each Receipt this Period 40.00
 Payroll Deduction

C. 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 ▼ 480.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11AI.15425
 Amount of Each Receipt this Period 40.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 31
	<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 ▼ 240.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11Al.15426

Amount of Each Receipt this Period 25.00

Payroll Deduction

B. Wanda Williams
Full Name (Last, First, Middle Initial)

Mailing Address 25 Roy Lane

City Highland State NY Zip Code 12528

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

Name of Employer District Council 37, AFSCME Occupation Director of Political Action & Legisla

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11Al.15427

Amount of Each Receipt this Period 25.00

Payroll Deduction

C. Mercedes Youman
Full Name (Last, First, Middle Initial)

Mailing Address 345 E 93rd St 16h

City NY State NY Zip Code 10128

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

Name of Employer NYC Health Dept. Occupation Public Health Nurse

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt 11 / 30 / 2015
Transaction ID : SA11Al.15428

Amount of Each Receipt this Period 100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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 31
	<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. Willie Mae Young-Pinback			Date of Receipt M M / D D / Y Y Y Y 11 / 30 / 2015 Transaction ID : SA11AI.15429		
Mailing Address 156 south 14th Ave			Amount of Each Receipt this Period 16.70		
City Mt Vernon	State NY	Zip Code 10550	Payroll Deduction		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 200.40		
Name of Employer NYC HPD		Occupation Real Property Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) B.			Date of Receipt M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code			
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) C.			Date of Receipt M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code			
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional).....▶	16.70
TOTAL This Period (last page this line number only).....▶	2890.03

**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 11 / 24 / 2015
Mailing Address 1625 L STREET NW		Transaction ID : SB22.15431
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement transfer	Amount of Each Disbursement this Period 49173.07
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	49173.07
TOTAL This Period (last page this line number only).....▶	49173.07