

# 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 ▲

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)
  - 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  /  /  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  05 /  01 /  2014 through  05 /  31 /  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  06 /  19 /  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)

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"/>		48901.68
(b) Cash on Hand at Beginning of Reporting Period.....	49766.71	
(c) Total Receipts (from Line 19) .....	47021.71	260776.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	96788.42	309678.26
7. Total Disbursements (from Line 31).....	49766.71	262656.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	47021.71	47021.71
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 01 / 2014 To: M M / D D / Y Y Y Y 05 / 31 / 2014

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).....	1253.22	3918.22
(ii) Unitemized .....	45768.49	256858.36
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	47021.71	260776.58
(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) .....	47021.71	260776.58
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))..... ▶	47021.71	260776.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	47021.71	260776.58

**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.....	49766.71	262656.55
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)) ..	49766.71	262656.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49766.71	262656.55

**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) .....	47021.71	260776.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	47021.71	260776.58
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 12
<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) <b>A. Miriam Allen</b>		Date of Receipt
Mailing Address 4322 Claredon Rd		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City State Zip Code Brooklyn NY 11203		<b>Transaction ID : SA11AI.13333</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="38.46"/>
Name of Employer NYC Board of Higher Ed. State	Occupation COLLEGE ADMIN ASSISTANT	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="211.53"/>	

Full Name (Last, First, Middle Initial) <b>B. Sharon Bankhead</b>		Date of Receipt
Mailing Address 1065 Dr.M.L.K. Jr. Blvd		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City State Zip Code Bronx NY 10452		<b>Transaction ID : SA11AI.13335</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="40.00"/>
Name of Employer District Council 37	Occupation Council Rep	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Glen Blacks</b>		Date of Receipt
Mailing Address 2120 Madison Ave.		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City State Zip Code new york NY 10037		<b>Transaction ID : SA11AI.13337</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="40.00"/>
Name of Employer Local 372	Occupation Exec VP of Local 372	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="118.46"/>
<b>TOTAL</b> 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: PAGE 7 OF 12  
(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. 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 ▼ 1265.00

Date of Receipt 05 / 31 / 2014  
**Transaction ID : SA11AI.13342**  
 Amount of Each Receipt this Period 230.00  
 Payroll Deduction

**B. 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 ▼ 420.00

Date of Receipt 05 / 31 / 2014  
**Transaction ID : SA11AI.13367**  
 Amount of Each Receipt this Period 80.00  
 Payroll Deduction

**C. 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 ▼ 220.00

Date of Receipt 05 / 31 / 2014  
**Transaction ID : SA11AI.13373**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**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 8 OF 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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 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 ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

**Transaction ID : SA11AI.13374**

Amount of Each Receipt this Period  
80.00

Payroll Deduction

**B. 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 ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

**Transaction ID : SA11AI.13382**

Amount of Each Receipt this Period  
40.00

Payroll Deduction

**C. Edwin Negron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 80 East 110th St

City New York	State NY	Zip Code 10029
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FEC ID number of contributing federal political committee. **C**

Name of Employer City of New York Admin Service	Occupation CITY CUSTODIAL ASST
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

**Transaction ID : SA11AI.13397**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 12
	<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) <b>A. Ralph Pepe</b>			Date of Receipt MM / DD / YYYY 05 / 31 / 2014 <b>Transaction ID : SA11AI.13400</b>
Mailing Address 125 E.17th Street			Amount of Each Receipt this Period 40.00
City New York	State NY	Zip Code 10003	Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 210.00	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Lillian Roberts</b>			Date of Receipt MM / DD / YYYY 05 / 31 / 2014 <b>Transaction ID : SA11AI.13407</b>
Mailing Address 2373 Broadway			Amount of Each Receipt this Period 275.00
City New York	State NY	Zip Code 10024	Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1210.00	
Name of Employer District Council 37, AFSCME	Occupation Executive Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Edward Rodriguez</b>			Date of Receipt MM / DD / YYYY 05 / 31 / 2014 <b>Transaction ID : SA11AI.13408</b>
Mailing Address 2 Mountain View Dr			Amount of Each Receipt this Period 100.00
City Thiells	State NY	Zip Code 10984	Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 525.00	
Name of Employer District Council 37 Local 1549	Occupation President Local 1549	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	415.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 12  
(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. 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 ▼ 210.00

Date of Receipt 05 / 31 / 2014  
**Transaction ID : SA11AI.13412**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction

**B. 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 ▼ 218.68

Date of Receipt 05 / 31 / 2014  
**Transaction ID : SA11AI.13416**  
 Amount of Each Receipt this Period 39.76  
 Payroll Deduction

**C. 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 ▼ 210.00

Date of Receipt 05 / 31 / 2014  
**Transaction ID : SA11AI.13419**  
 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 11 OF 12
	<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) <b>A. James Tucciarelli</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>31</td> <td>/</td> <td>2014</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	05	/	31	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y											
05	/	31	/	2014											
Mailing Address 361 Mill Rd.			<b>Transaction ID : SA11AI.13420</b>												
City Staten Island	State NY	Zip Code 10306	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	Name of Employer District Council 37, AFSCME		Payroll Deduction												
	Occupation Grievance Representative														
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>210.00</td> </tr> </table>		210.00												
210.00															

Full Name (Last, First, Middle Initial) <b>B. Mercedes Youman</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>05</td> <td>/</td> <td>31</td> <td>/</td> <td>2014</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y	05	/	31	/	2014
M M M	/	D D D	/	Y Y Y Y Y Y											
05	/	31	/	2014											
Mailing Address 345 E 93rd St 16h			<b>Transaction ID : SA11AI.13434</b>												
City NY	State NY	Zip Code 10128	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	Name of Employer NYC Health Dept.		Payroll Deduction												
	Occupation Public Health Nurse														
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>220.00</td> </tr> </table>		220.00												
220.00															

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td>/</td> <td></td> <td>/</td> <td></td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y		/		/	
M M M	/	D D D	/	Y Y Y Y Y Y											
	/		/												
Mailing Address			Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>												
City	State	Zip Code													
FEC ID number of contributing federal political committee. C	Name of Employer														
	Occupation														
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td></td> </tr> </table>														

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>80.00</td> </tr> </table>	80.00
80.00		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td>1253.22</td> </tr> </table>	1253.22
1253.22		

**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

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) <b>A. AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2014
Mailing Address 1625 L STREET NW		<b>Transaction ID : SB22.13439</b>
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement Transfer	Amount of Each Disbursement this Period 49766.71
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>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		<b>Transaction ID :</b>
City	State	
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
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>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		<b>Transaction ID :</b>
City	State	
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	49766.71
<b>TOTAL</b> This Period (last page this line number only).....▶	49766.71