

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-Q37PEOPL

ADDRESS (number and street) PO BOX 2882  
CHURCH STREET STATION  
 Check if different than previously reported. (ACC)  
NEW YORK NY 10008

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
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 11 01 2007 through 11 30 2007

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

Type or Print Name of Treasurer Alvin Warshaviak

Signature of Treasurer Electronically Filed by Alvin Warshaviak Date 12 18 2007

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**

Write or Type Committee Name

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		79535.48
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	83245.80									
(c) Total Receipts (from Line 19) .....	38647.64	490522.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	121893.44	570058.35								
7. Total Disbursements (from Line 31) .....	83245.80	531410.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	38647.64	38647.64								
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**

Write or Type Committee Name

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	1273.90	6420.89
(i) Itemized (use Schedule A) .....	37373.74	484101.98
(ii) Unitemized .....	38647.64	490522.87
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	38647.64	490522.87
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 Transfer (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)) .....	38647.64	490522.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	38647.64	490522.87

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	83245.80	531410.71
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	83245.80	531410.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	83245.80	531410.71

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	38647.64	490522.87
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38647.64	490522.87
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 21
	<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

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 (D-C37PEOPL

Full Name (Last, First, Middle Initial) <b>A.</b> Leonard Allen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 512 Powell Street		Transaction ID: SA11A1.6442	
City State Zip Code Brooklyn NY 11212	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer District Council 37	Occupation Grievance Representative		
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>B.</b> Cora Casey		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 49-57 Crown Street		Transaction ID: SA11A1.6448	
City State Zip Code Brooklyn NY 11221	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer NYC Housing Authority	Occupation Secretary		
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) <b>C.</b> Carmen Charles		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 681 Palisade Ave		Transaction ID: SA11A1.6449	
City State Zip Code teaneck NJ 07666	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer dc37	Occupation Local President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<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 (D-C37PEOPL

<b>A.</b> Full Name (Last, First, Middle Initial) Rosa Cuadrado-Nahal Mailing Address 430 W. 125th Street City New York State NY Zip Code 10027 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6450 Amount of Each Receipt this Period 20.00 Payroll Deduction
Name of Employer NYC Police Department Occupation Police Communication Tech Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Michael DeMarco Mailing Address 83 Ramblewood Ave City Staten Island State NY Zip Code 10308 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6451 Amount of Each Receipt this Period 20.00 Payroll Deduction
Name of Employer District Council 37 Occupation Grievance Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Colleen Detroy Mailing Address 5101 39th St apt. b21 City Woodside State NY Zip Code 11104 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6452 Amount of Each Receipt this Period 20.00 Payroll Deduction
Name of Employer District Council 37, AFSC-ME Occupation Administrative Assistant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<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 (D-C37PEOPL

**A.** Full Name (Last, First, Middle Initial)  
Lenora Gates

Mailing Address 112-23 196th St.

City State Zip Code  
St. Albans NY 11412

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

Name of Employer DC 37, Local 1549 Occupation Vice President, Local 1549

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6453

Amount of Each Receipt this Period  
20.00

Payroll Deduction

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

Mailing Address 655 E. 14th Street

City State Zip Code  
New York NY 10009

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

Name of Employer District Council 37, AFSC-ME Occupation Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6454

Amount of Each Receipt this Period  
80.00

Payroll Deduction

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

Mailing Address 282 E35th Street

City State Zip Code  
Brooklyn NY 11203

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

Name of Employer District Council 37 Occupation Assistant Division Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6455

Amount of Each Receipt this Period  
40.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 21
	<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 (D-C37PEOPL

**A.** Full Name (Last, First, Middle Initial)  
Anderson Hyland

Mailing Address 751 E. 89th St #5

City State Zip Code  
brooklyn NY 11236

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

Name of Employer Occupation  
DC 37, Local 420 Local 420 staff

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6457

Amount of Each Receipt this Period  
20.00

Payroll Deduction

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

Mailing Address 340 Williams

City State Zip Code  
Brooklyn NY 11207

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

Name of Employer Occupation  
NYC Clerial Administration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6458

Amount of Each Receipt this Period  
20.00

Payroll Deduction

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

Mailing Address 43 Hamilton Terrence

City State Zip Code  
New York NY 10031

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

Name of Employer Occupation  
District Council 37, AFSC-ME Director of DC 37 Education Fund

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6459

Amount of Each Receipt this Period  
30.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 21
	<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 (D-C37PEOPL

A. Full Name (Last, First, Middle Initial) Madonna Knight Mailing Address 282 E 35th Street City State Zip Code Brooklyn NY 11203 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 Transaction ID: SA11A1.6460 Amount of Each Receipt this Period 20.00 Payroll Deduction
Name of Employer District Council 37, AFSC-ME Occupation Council Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

B. Full Name (Last, First, Middle Initial) Clifford Koppelman Mailing Address 1270 E 19 Street, #1J City State Zip Code Brooklyn NY 11230 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 Transaction ID: SA11A1.6461 Amount of Each Receipt this Period 40.00 Payroll Deduction
Name of Employer District Council 37, AFSC-ME Occupation Grievance Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		

C. Full Name (Last, First, Middle Initial) Jane Latour Mailing Address 72 Seaman apt 6b City State Zip Code New York NY 10034 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 Transaction ID: SA11A1.6462 Amount of Each Receipt this Period 20.00 Payroll Deduction
Name of Employer District Council 37 Occupation Associate Editor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 21
	<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 (D-C37PEOPL

<b>A.</b> Full Name (Last, First, Middle Initial) Eugene Lawrence		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 2760 Grand Concourse Apt 1B		<b>Transaction ID:</b> SA11A1.6463
City State Zip Code Bronx NY 10458	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction
Name of Employer NYC Parks & Recreation Ad-min	Occupation Associate Park Service Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Peter Leon		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 183-55 Babylon Ave.		<b>Transaction ID:</b> SA11A1.6464
City State Zip Code St. Albans NY 11412	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction
Name of Employer District Council 37, Local 420	Occupation Local 420 Staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Degna Levister		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
Mailing Address 423 Atlantic Avenue apt. 4M		<b>Transaction ID:</b> SA11A1.6465
City State Zip Code Brooklyn NY 11217	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction
Name of Employer NY State Board of Higher Educa	Occupation College Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 21
	<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 (D-C37PEOPL

<b>A.</b> Full Name (Last, First, Middle Initial) Tanya Mayers-Dunn Mailing Address 6 Crecent Dr City Hillcrest State NY Zip Code 10977 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6466 Amount of Each Receipt this Period <table border="1"> <tr> <td>49.14</td> </tr> </table> Payroll Deduction	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	7	49.14
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		3	0		2	0	0	7														
49.14																							
Name of Employer DC 37 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>589.68</td> </tr> </table>	589.68																				
589.68																							

<b>B.</b> Full Name (Last, First, Middle Initial) Andrew Mayo Mailing Address 720 Lenox Avenue #24C City New York State NY Zip Code 10039 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6467 Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table> Payroll Deduction	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	7	20.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		3	0		2	0	0	7														
20.00																							
Name of Employer NYC Department of Environment Protecti Occupation Sr. Sewage Treatment Worker 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																							

<b>C.</b> Full Name (Last, First, Middle Initial) Terrence Miller Mailing Address 417 Prospect Pl City Brooklyn State NY Zip Code 11238 FEC ID number of contributing federal political committee. <b>C</b>		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>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.6468 Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table> Payroll Deduction	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	7	20.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		3	0		2	0	0	7														
20.00																							
Name of Employer NYC Police Department Occupation Senior Police Admin. Aide 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																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>89.14</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

**A.** Full Name (Last, First, Middle Initial)  
Ralph Pepe

Mailing Address 125 E.17th Street

City State Zip Code  
New York NY 10003

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

Name of Employer District Council 37, AFSC-ME Occupation Real Estate Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6469

Amount of Each Receipt this Period  
25.00

Payroll Deduction

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

Mailing Address 110 E 99th Street apt. 12F

City State Zip Code  
New York NY 10029

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

Name of Employer Department of Social Services Occupation Case Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6470

Amount of Each Receipt this Period  
20.00

Payroll Deduction

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

Mailing Address PO Box 20346

City State Zip Code  
Staten Island NY 10302

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

Name of Employer District Council 37 Local 420 Occupation Vice President Local 420

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6471

Amount of Each Receipt this Period  
20.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 21
	<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 (D-C37PEOPL

Full Name (Last, First, Middle Initial) <b>A. Walthene Primus</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 137-29 Bedell Street		Transaction ID: SA11A1.6472	
City State Zip Code Springfield Grdns NY 11413	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer District Council 37, AFSC-ME	Occupation Grievance Representative		
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>B. Wendell Reid</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 29 Marion Ave		Transaction ID: SA11A1.6475	
City State Zip Code Hartsdale NY 10530	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer DC37	Occupation Council Representative		
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>C. Lillian Roberts</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 2373 Broadway		Transaction ID: SA11A1.6476	
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 130.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction		
Name of Employer District Council 37, AFSC-ME	Occupation Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1230.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	190.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 21
	<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 (D-C37PEOPL

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

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 ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6477

Amount of Each Receipt this Period  
 20.00

Payroll Deduction

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

Mailing Address 381 Edgegrove Avenue

City Staten Island State NY Zip Code 10312

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

Name of Employer NYC Off Track Betting Occupation Betting Clerk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6478

Amount of Each Receipt this Period  
 40.00

Payroll Deduction

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

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, AFSC-ME Occupation Division Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6479

Amount of Each Receipt this Period  
 40.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 21
	<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 (D-C37PEOPL

**A.** Full Name (Last, First, Middle Initial)  
Kyle Simmons

Mailing Address 1114 Knollwood Drive

City State Zip Code  
Tobyhanna PA 18466

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

Name of Employer District Council 37 Occupation Grievance Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6480

Amount of Each Receipt this Period  
20.00

Payroll Deduction

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

Mailing Address P.O.BOX 199

City State Zip Code  
BRONX NY 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  
M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6481

Amount of Each Receipt this Period  
20.00

Payroll Deduction

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

Mailing Address 23 Water Grant St

City State Zip Code  
Yonkers NY 10701

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

Name of Employer dc37 Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 477.12

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6482

Amount of Each Receipt this Period  
39.76

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	79.76
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 21
	<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 (D-C37PEOPL

<b>A.</b> Full Name (Last, First, Middle Initial) Dennis Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 94 Buckingham Rd.		<b>Transaction ID:</b> SA11A1.6483	
City State Zip Code Yonkers NY 10701		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer Occupation District Council 37 Director of Research and Negotiations		Aggregate Year-to-Date ▼ 720.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) James Tucciarelli		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address 361 Mill Rd.		<b>Transaction ID:</b> SA11A1.6485	
City State Zip Code Staten Island NY 10306		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer Occupation District Council 37, AFSC-ME Grievance Representative		Aggregate Year-to-Date ▼ 480.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) Esther Tucker		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address P.O. Box 934 Lincoln Station		<b>Transaction ID:</b> SA11A1.6486	
City State Zip Code New York NY 10037		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		Payroll Deduction	
Name of Employer Occupation District Council 37, ASFC-ME Grievance Representative		Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 21
	<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 (D-C37PEOPL

<b>A.</b> Full Name (Last, First, Middle Initial) Robin Vall Mailing Address 7508 Bell Blvd apt 1n City Bayside State NY Zip Code 11364 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6487 Amount of Each Receipt this Period 20.00 Payroll Deduction
Name of Employer NY Dept. of CAS Occupation Clerical Associate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Martin Velasquez Mailing Address 96 Wenlock Street City Staten Island State NY Zip Code 10303 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6488 Amount of Each Receipt this Period 20.00 Payroll Deduction
Name of Employer NY State Board of Higher Educa Occupation City Laborer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Barbara Watkins Mailing Address 294 osborn St City Brooklyn State NY Zip Code 11212 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.6489 Amount of Each Receipt this Period 20.00 Payroll Deduction
Name of Employer DC37 Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Wheeler

Mailing Address 1100 Teller Ave.  
apt 2G

City State Zip Code  
Bronx NY 10456

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

Name of Employer NYC Parks & Recreation Admin  
Occupation Associate Park Service Worker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6490

Amount of Each Receipt this Period  
20.00

Payroll Deduction

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

Mailing Address 475 Willson Avenue  
Apt 1D

City State Zip Code  
Brooklyn NY 11221

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

Name of Employer  
Clerical Assistant  
Occupation NYC Finance Administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6491

Amount of Each Receipt this Period  
20.00

Payroll Deduction

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

Mailing Address 25 Roy Lane

City State Zip Code  
Highland NY 12528

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

Name of Employer District Council 37, AFSC-ME  
Occupation Director of Political Action & Legisla

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6492

Amount of Each Receipt this Period  
20.00

Payroll Deduction

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (D-C37PEOPL

**A.** Full Name (Last, First, Middle Initial)  
Timothy Young

Mailing Address 186-17 Foch Blvd.

City State Zip Code  
St. Albans NY 11412

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

Name of Employer Occupation  
City Debris Remover NYC Department of Transportation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6493

Amount of Each Receipt this Period  
20.00

Payroll Deduction

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

Mailing Address 2042 Morris Ave

City State Zip Code  
Brooklyn NY 10453

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

Name of Employer Occupation  
DC 37

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.6494

Amount of Each Receipt this Period  
20.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	40.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1273.90

**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 (D-C37PEOPL

Full Name (Last, First, Middle Initial)

**A.** AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement Transfer

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB22.6497

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2007

Amount of Each Disbursement this Period

43162.25

**B.** AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement Transfer

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB22.6498

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2007

Amount of Each Disbursement this Period

40083.55

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

83245.80

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

83245.80