

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

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

Election on / / in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

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 / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		51385.13
(b) Cash on Hand at Beginning of Reporting Period.....	53416.86	
(c) Total Receipts (from Line 19)	18435.63	483353.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	71852.49	534738.22
7. Total Disbursements (from Line 31).....	0.00	462885.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	71852.49	71852.49
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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 (DC37PEOPLE)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1370.22	9390.88
(ii) Unitemized	17065.41	473962.21
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18435.63	483353.09
(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)	18435.63	483353.09
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))..... ▶	18435.63	483353.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18435.63	483353.09

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.....	0.00	462885.73
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)) ..	0.00	462885.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	462885.73

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)	18435.63	483353.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18435.63	483353.09
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 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Miriam Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4322 Claredon Rd
 City Brooklyn State NY Zip Code 11203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYC Board of Higher Ed. State Occupation COLLEGE ADMIN ASSISTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **346.14**

Date of Receipt **09 / 30 / 2013**
Transaction ID : SA11AI.12421
 Amount of Each Receipt this Period **38.46**
 Payroll Deduction

B. 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 **380.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : SA11AI.12424
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction

C. Glen Blacks
 Full Name (Last, First, Middle Initial)
 Mailing Address 2120 Madison Ave.
 City new york State NY Zip Code 10037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Local 372 Occupation Exec VP of Local 372
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **380.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : SA11AI.12426
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	118.46
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<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. Judith Burger-Arroyo		Date of Receipt
Mailing Address 1056 E37th St		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Brooklyn	NY	11210
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.12431
Name of Employer	Occupation	Amount of Each Receipt this Period
District Council 37, AFSCME	Grievance Rep, Local President	<input type="text" value="230.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2185.00"/>	

Full Name (Last, First, Middle Initial) B. Oliver Gray		Date of Receipt
Mailing Address 655 E. 14th Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
New York	NY	10009
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.12453
Name of Employer	Occupation	Amount of Each Receipt this Period
District Council 37, AFSCME	Associate Director	<input type="text" value="80.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="760.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Tyler Hemingway		Date of Receipt
Mailing Address 7 Sunflow Terrace		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Middletown	NY	10941
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.12455
Name of Employer	Occupation	Amount of Each Receipt this Period
District Council 37	Asst Division Director - Hosp.	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="380.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="350.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dennis Ifill

Mailing Address 257-37 149th Ave

City State Zip Code
 Rosedale NY 11422

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

Name of Employer Occupation
 City of NY-Rent & Rehab Adm Local President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.12458

Amount of Each Receipt this Period
 40.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Barbara Ingram-Edmonds

Mailing Address 34 douth Mill Rd

City State Zip Code
 West Winsor NJ 08550

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

Name of Employer Occupation
 District Council 37, AFSCME Director of Field Operators

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.12459

Amount of Each Receipt this Period
 80.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Clifford Koppelman

Mailing Address 1270 E 19 Street, #1J

City State Zip Code
 Brooklyn NY 11230

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

Name of Employer Occupation
 District Council 37, AFSCME Grievance Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.12467

Amount of Each Receipt this Period
 40.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Ramona Lacen
 Mailing Address 431 54 St
 City State Zip Code
 brooklyn NY 11220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NYC HHC enroll rep
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.12470
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Edwin Negrón
 Mailing Address 80 East 110th St
 City State Zip Code
 New York NY 10029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 City of New York Admin Service CITY CUSTODIAL ASST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.12482
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction

Full Name (Last, First, Middle Initial)
C. 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 Occupation
 District Council 37, AFSCME Real Estate Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.12485
 Amount of Each Receipt this Period
 40.00
 Payroll Deduction

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Deborah Pitts
 Full Name (Last, First, Middle Initial)
 Mailing Address 4286 Conashaugh Lks
 City Milford State PA Zip Code 18337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Grievance Representative
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **285.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : SA11AI.12486
 Amount of Each Receipt this Period **30.00**
 Payroll Deduction

B. Walthene Primus
 Full Name (Last, First, Middle Initial)
 Mailing Address 137-29 Bedell Street
 City Springfield Grdns State NY Zip Code 11413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Grievance Representative
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **380.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : SA11AI.12489
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction

C. Lillian Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 2373 Broadway
 City New York State NY Zip Code 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2090.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : SA11AI.12494
 Amount of Each Receipt this Period **220.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	290.00
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 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Edward Rodriquez
 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 ▼ 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.12495
 Amount of Each Receipt this Period 100.00
 Payroll Deduction

B. 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 ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.12500
 Amount of Each Receipt this Period 40.00
 Payroll Deduction

C. 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 ▼ 357.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.12503
 Amount of Each Receipt this Period 39.76
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	179.76
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 12 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼ 380.00

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.12507
 Amount of Each Receipt this Period 40.00
 Payroll Deduction

B. James Tucciarelli
 Full Name (Last, First, Middle Initial)
 Mailing Address 361 Mill Rd.
 City Staten Island State NY Zip Code 10306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Grievance Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.12508
 Amount of Each Receipt this Period 40.00
 Payroll Deduction

C. 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 ▼ 304.00

Date of Receipt 09 / 30 / 2013
Transaction ID : SA11AI.12516
 Amount of Each Receipt this Period 32.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 112.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 13 OF 13
(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. 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 ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : SA11AI.12523
 Amount of Each Receipt this Period
 40.00
 Payroll Deduction

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	1370.22