

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Ofc. Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

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

ADDRESS (Home or street) PO BOX 2682

(Check if address is changed) CHURCH STREET STATION

NEW YORK NY 10006

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
2128151400

2. DATE 07 / 22 / 2003

3. FEC IDENTIFICATION NUMBER C C00149211

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Mark Rosenthal

Signature of Treasurer Electronically Filed by Mark Rosenthal Date 07 / 24 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1110

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate	Office				State
Party Affiliation	Sought:	House	Senate	President	District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED _____

Mailing Address _____ 1625 L STREET NW _____

_____ WASHINGTON _____ DC _____ 20036 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ Affiliated _____

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--|
| Corporation | Corporation w/o Capital Stock | <input checked="" type="checkbox"/> Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

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

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Mark Rosenthal

Mailing Address 125 Barclay Street

New York NY 10007 -

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Mark Rosenthal

Mailing Address 125 Barclay Street

New York NY 10007 -

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -

Full Name of Designated Agent Alvin Warshaviak

Mailing Address 125 Barclay Street

New York NY 10007 -

Title or Position ▼ Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 212 - 815 - 1459

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Amalgamated Bank of New York

Mailing Address

15 Union Square

New York

NY

10003 - 3378

CITY Δ

STATE Δ

ZIP CODE Δ