



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		126982.79
(b) Cash on Hand at Beginning of Reporting Period.....	56831.97	
(c) Total Receipts (from Line 19) .....	58555.39	634009.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	115387.36	760992.54
7. Total Disbursements (from Line 31).....	56831.97	702437.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	58555.39	58555.39
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:  /  /  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).....	3347.62	18289.97
(ii) Unitemized .....	55207.77	615719.78
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	58555.39	634009.75
(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) .....	58555.39	634009.75
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))..... ▶	58555.39	634009.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	58555.39	634009.75

**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.....	56831.97	702437.15
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)) ..	56831.97	702437.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56831.97	702437.15

**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) .....	58555.39	634009.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	58555.39	634009.75
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: PAGE 6 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Darryl Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 Hillside Ave  
 City State Zip Code  
 Freeport NY 11520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DC37 Greivance Rep  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15433**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Deduction

**B. Michelle Akyenpong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 Pond Way  
 City State Zip Code  
 staten island NY 10303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SSEU Local 371 Greivance Rep  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15434**  
 Amount of Each Receipt this Period  
 40.00  
 Payroll Deduction

**C. Miriam Allen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4322 Claredon Rd  
 City State Zip Code  
 Brooklyn NY 11203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NYC Board of Higher Ed. State COLLEGE ADMIN ASSISTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15435**  
 Amount of Each Receipt this Period  
 38.46  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 98.46  
**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: PAGE 7 OF 36  
(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. Maynard Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 789 willoughby ave  
 City Brooklyn State NY Zip Code 11206  
 FEC ID number of contributing federal political committee. C  
 Name of Employer District Council 37, AFSCME Occupation Assistant Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2015  
 Transaction ID : SA11AI.15436  
 Amount of Each Receipt this Period 16.00  
 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 ▼ 520.00

Date of Receipt 12 / 31 / 2015  
 Transaction ID : SA11AI.15437  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction

**C. Peggy Benjamin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 545 w 126th st  
 City NY State NY Zip Code 10027  
 FEC ID number of contributing federal political committee. C  
 Name of Employer District Council 37, AFSCME Occupation Grievance Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015  
 Transaction ID : SA11AI.15438  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction

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

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

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

FOR LINE NUMBER: PAGE 8 OF 36  
(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. David Bregman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Hoover Court  
 City Marlboro State NJ Zip Code 07746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DC37 Occupation IT-PC Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15439**  
 Amount of Each Receipt this Period 16.00  
 Payroll Deduction

**B. Nola Brooker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1551 UNIONPORT RD APT 5F  
 City BRONX State NY Zip Code 10462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37 Occupation Division Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15440**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction

**C. Annette Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Polar Rd  
 City amityville State NY Zip Code 11701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYC Transit Auth Occupation TA railcar tech -4  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15441**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<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. James Bruni</b>		Date of Receipt 12 / 31 / 2015 <b>Transaction ID : SA11AI.15442</b>
Mailing Address 22 Brighton 3rd rd		Amount of Each Receipt this Period 200.00
City Brooklyn	State NY	Zip Code 11235
FEC ID number of contributing federal political committee. C	Name of Employer NYC Department of Protection	Occupation Construction Laborer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Judith Burger-Arroyo</b>		Date of Receipt 12 / 31 / 2015 <b>Transaction ID : SA11AI.15443</b>
Mailing Address 1056 E37th St		Amount of Each Receipt this Period 230.00
City Brooklyn	State NY	Zip Code 11210
FEC ID number of contributing federal political committee. C	Name of Employer District Council 37, AFSCME	Occupation Grievence Rep, Local President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2990.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Joseph Calamia</b>		Date of Receipt 12 / 31 / 2015 <b>Transaction ID : SA11AI.15444</b>
Mailing Address 177 Carlyle Green		Amount of Each Receipt this Period 16.00
City Staten Island	State NY	Zip Code 10312
FEC ID number of contributing federal political committee. C	Name of Employer DC 37	Occupation IT- Operations Suovisor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	
Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	266.00
<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 10 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Felix Camero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1175 Gerard Ave  
 City Bronx State NY Zip Code 10452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dept of Social Services Occupation Eligibility specialist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15445**  
 Amount of Each Receipt this Period **20.00**  
 Payroll Deduction

**B. Cora Casey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 49-57 Crown Street  
 City Brooklyn State NY Zip Code 11221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYC Housing Authority Occupation Secretary  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15446**  
 Amount of Each Receipt this Period **24.00**  
 Payroll Deduction

**C. Valerie Cephas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1245 Eastern Pkwy 5b  
 City Brooklyn State NY Zip Code 11213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYC Dept of Social Services Occupation case worker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15447**  
 Amount of Each Receipt this Period **20.00**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **64.00**  
**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 36
	<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. Ralph Chappell</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>12</td><td></td><td></td><td>31</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	12			31			2015			
M	M	/	D	D	/	Y	Y	Y	Y													
12			31			2015																
Mailing Address 374 Murray Ave		<b>Transaction ID : SA11AI.15448</b>																				
City Englewood	State NJ	Zip Code 07631																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00																				
Name of Employer DC 37	Occupation Attorney	Payroll Deduction																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00																					

Full Name (Last, First, Middle Initial) <b>B. Carmen Charles</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>12</td><td></td><td></td><td>31</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	12			31			2015			
M	M	/	D	D	/	Y	Y	Y	Y													
12			31			2015																
Mailing Address 681 Palisade Ave		<b>Transaction ID : SA11AI.15449</b>																				
City Teaneck	State NJ	Zip Code 07666																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00																				
Name of Employer District Council 37, AFSCME	Occupation Local President	Payroll Deduction																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00																					

Full Name (Last, First, Middle Initial) <b>C. Ellen Clarke</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>12</td><td></td><td></td><td>31</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	12			31			2015			
M	M	/	D	D	/	Y	Y	Y	Y													
12			31			2015																
Mailing Address 40 Bradley Drive		<b>Transaction ID : SA11AI.15450</b>																				
City Edison	State NJ	Zip Code 08817																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.00																				
Name of Employer District Council 37	Occupation Director of Safety & health	Payroll Deduction																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	56.00
<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 12 OF 36  
(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 (DC37PEOPLE)

**A. Valerie Crosland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 684 Willoughby Ave.  
apt3  
City Brooklyn State NY Zip Code 11206  
FEC ID number of contributing federal political committee. C  
Name of Employer NYC Police Department Occupation Police Communication tech  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015  
Transaction ID : SA11AI.15451  
Amount of Each Receipt this Period 20.00  
Payroll Deduction

**B. Francis Curtis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Beekman St.  
#8B  
City New York State NY Zip Code 10038  
FEC ID number of contributing federal political committee. C  
Name of Employer District Council 37, AFSCME Occupation Program Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015  
Transaction ID : SA11AI.15452  
Amount of Each Receipt this Period 20.00  
Payroll Deduction

**C. Thomas Custance**  
Full Name (Last, First, Middle Initial)  
Mailing Address 150-49a 20th Ave  
City Whitestone State NY Zip Code 11357  
FEC ID number of contributing federal political committee. C  
Name of Employer District Council 37, AFSCME Occupation Greivance Rep  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 31 / 2015  
Transaction ID : SA11AI.15453  
Amount of Each Receipt this Period 20.00  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**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 36  
(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. Jomo Davies**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 249 E 93rd Street  
 City State Zip Code  
 Brooklyn NY 11212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DC37 IT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15454**  
 Amount of Each Receipt this Period  
 16.00  
 Payroll Deduction

**B. Aggrey Dechinea**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 187-25 Keefeville Ave  
 City State Zip Code  
 St Albans NY 11412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SSEU Local 371staff  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15455**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Deduction

**c. Alfred Dellavalle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 Baldwin Drive  
 City State Zip Code  
 W Hempstead NY 11552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NYC dept of Social Services City Laborer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15456**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 56.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Michael DeMarco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 83 Ramblewood Ave  
 City Staten Island State NY Zip Code 10308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37, AFSCME Occupation Grievance Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15457**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction

**B. Cuthbert Dickerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1969 Benedict Ave  
 City Bronx State NY Zip Code 10462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37 Occupation Grievance Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15458**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction

**C. Moira Dolan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 Amsterdam Ave #22L  
 City New York State NY Zip Code 10025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37, AFSCME Occupation Assist Director - Research & Neg.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 398.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15459**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction

<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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 36  
(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. Brian Fennell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Roosevelt Ave  
 City State Zip Code  
 Carteret NJ 07008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NYC Transit Authority Admin Engineer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15460**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Deduction

**B. Isabel Figueroa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 431 E147 Street  
 City State Zip Code  
 Bronx NY 10455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Local 420, AFSCME AFL-CIO Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15461**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Deduction

**C. Gennaro Fontano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3731 Sandra Court  
 City State Zip Code  
 Wantagh NY 11793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 City of NY- health dept. City Laborer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15462**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 36
	<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. Henry Garrido**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 91 Gotham Ave  
 City Elmont State NY Zip Code 11003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37 Occupation Asst Assoc Director of DC37  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **820.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15463**  
 Amount of Each Receipt this Period  
 100.00  
 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 **740.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15464**  
 Amount of Each Receipt this Period  
 80.00  
 Payroll Deduction

**C. Stephanie Harris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4223 Hill Ave  
 City Bronx State NY Zip Code 10466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYC Parks & Recreation Occupation Recreation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **204.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15465**  
 Amount of Each Receipt this Period  
 12.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>192.00</b>
<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 17 OF 36  
(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. Mr. Tyler Hemingway**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Sunflow Terrace  
 City Middletown State NY Zip Code 10941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37 Occupation Asst Division Director - Hosp.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15466**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction

**B. Chandler Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 367 Monroe  
 City Brooklyn State NY Zip Code 11221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37, AFSCME Occupation Council Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15467**  
 Amount of Each Receipt this Period 16.00  
 Payroll Deduction

**C. Stephanie Hood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 576 Wyona St.  
 City Brooklyn State NY Zip Code 11207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYC DCAS Occupation Custodial Assistant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15468**  
 Amount of Each Receipt this Period 16.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 36
	<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. 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 **520.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15469**  
 Amount of Each Receipt this Period  
**40.00**  
 Payroll Deduction

**B. 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 **1040.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15470**  
 Amount of Each Receipt this Period  
**80.00**  
 Payroll Deduction

**C. Jeremy John**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 861 Elda Lane  
 City Westbury State NY Zip Code 11590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DC 37 Occupation Director of PAL  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **246.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15472**  
 Amount of Each Receipt this Period  
**246.00**  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>366.00</b>
<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 19 OF 36  
(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 (DC37PEOPLE)

Full Name (Last, First, Middle Initial)  
**A. Gerald Johnson**

Mailing Address 1701 Albermarle Rd

City Brooklyn	State NY	Zip Code 11226
------------------	-------------	-------------------

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

Name of Employer DC 37	Occupation Representative
---------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.15471**

Amount of Each Receipt this Period  
20.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. amy Kadlub**

Mailing Address 115 Douglas Rd

City SI	State NY	Zip Code 10304
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FEC ID number of contributing federal political committee. **C**

Name of Employer District Council 37, AFSCME	Occupation HR Director
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.15474**

Amount of Each Receipt this Period  
40.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Madonna Knight**

Mailing Address 282 E 35th Street

City Brooklyn	State NY	Zip Code 11203
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FEC ID number of contributing federal political committee. **C**

Name of Employer District Council 37, AFSCME	Occupation Council Representative
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.15475**

Amount of Each Receipt this Period  
20.00

Payroll Deduction

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 36
	<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. 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 ▼ 520.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15476**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction

**B. Sabri Kurun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1134 William Court  
 City Brooklyn State NY Zip Code 11235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37 Occupation IT Programmer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15477**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction

**C. Ramona Lacen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 431 54 St  
 City brooklyn State NY Zip Code 11220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYC HHC Occupation enroll rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15478**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**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 21 OF 36  
(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 (DC37PEOPLE)

Full Name (Last, First, Middle Initial)  
**A. Eugene Lawrence**

Mailing Address 2760 Grand Concourse  
Apt 1B

City State Zip Code  
Bronx NY 10458

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.15479**

Amount of Each Receipt this Period  
20.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Marva Lewis**

Mailing Address 5700 Arlington Ave  
9u

City State Zip Code  
Riverdale NY 10471

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

Name of Employer Occupation  
District Council 37, AFSCME Division Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
296.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.15480**

Amount of Each Receipt this Period  
51.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Debra Llewellyn**

Mailing Address 1371 Atlantic Ave

City State Zip Code  
Brooklyn NY 11216

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

Name of Employer Occupation  
NYC HHC Service Aide

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
12 / 31 / 2015  
**Transaction ID : SA11AI.15481**

Amount of Each Receipt this Period  
16.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 87.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 36
	<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. Antoinette long</b>			Date of Receipt
Mailing Address 1138 E85th St			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.15482</b>
Brooklyn	NY	11236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="16.70"/>
Name of Employer	Occupation	Payroll Deduction	
NYC police depart.	school crossing guard		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.75"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Zachary Matthews</b>			Date of Receipt
Mailing Address 464 Clinton Ave.			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.15483</b>
Brooklyn	NY	11238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation	Payroll Deduction	
NYC Dept of Transportation Adm	City Laborer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Cory McCaskey</b>			Date of Receipt
Mailing Address 1235 Woodycrest Ave			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.15484</b>
Bronx	NY	10452	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation	Payroll Deduction	
NYC HHC	Patient Care Assoc		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="56.70"/>
<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: (check only one)	PAGE 23 OF 36
	<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. Terrence Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 417 Prospect Pl  
 City Brooklyn State NY Zip Code 11238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYC Police Department Occupation Senior Police Admin. Aide  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **230.00**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11AI.15485**  
 Amount of Each Receipt this Period **20.00**  
 Payroll Deduction

**B. Iven Milton Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 253 5th Ave.  
 City New Rochelle State NY Zip Code 10801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYC Fire Dept Occupation Fire Protection Insp  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11AI.15486**  
 Amount of Each Receipt this Period **20.00**  
 Payroll Deduction

**C. Doris Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 725 FDR drive 10g  
 City New York State NY Zip Code 10009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Local 371 SSEU Occupation Case worker  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11AI.15487**  
 Amount of Each Receipt this Period **20.00**  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<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 24 OF 36
	<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. Edwin Negrón**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 80 East 110th St  
 City New York State NY Zip Code 10029  
 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 **650.00**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11AI.15488**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction

**B. Diane Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2986 Ave. V #6b  
 City Brooklyn State NY Zip Code 11229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYC DSS Occupation Secretary  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **208.00**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11AI.15489**  
 Amount of Each Receipt this Period **16.00**  
 Payroll Deduction

**C. Michael Pennix**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 3rd Street  
 City Edison State NJ Zip Code 08837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DC 37 Occupation IT Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **208.00**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11AI.15490**  
 Amount of Each Receipt this Period **16.00**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **82.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Ralph Pepe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 E.17th Street  
 City New York State NY Zip Code 10003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37, AFSCME Occupation Real Estate Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **510.00**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11AI.15491**  
 Amount of Each Receipt this Period **40.00**  
 Payroll Deduction

**B. Christopher Policano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 340 Haven Ave. apt 6f  
 City New York State NY Zip Code 10033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DC 37 Occupation Director Comm.Dept.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1180.00**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11AI.15492**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction

**C. John Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 BRAKEMAN COURT  
 City HIGHTSTOWN State NJ Zip Code 08520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Board of Education (BOE) Occupation CITY LABORER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **12 / 31 / 2015**  
**Transaction ID : SA11AI.15493**  
 Amount of Each Receipt this Period **40.00**  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>180.00</b>
<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 26 OF 36  
(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. 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 ▼ 520.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15494**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction

**B. Terence Pyle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1067 Eastern Pkwy 1d  
 City Brooklyn State NY Zip Code 11213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DC37 Occupation Local 420 Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15495**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction

**C. Darryl Ramsey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 189-10 Williamson Ave.  
 City Springflds Grd State NY Zip Code 11413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DC 37 Occupation Grievance Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15496**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**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 27 OF 36  
(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. Wendell Reid**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Marion Ave  
 City Hartsdale State NY Zip Code 10530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37, AFSCME Occupation Council Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15497**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction

**B. Michael Riggio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38-24 Corporal Stone S  
 City Bayside State NY Zip Code 11361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37, AFSCME Occupation Council Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15498**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction

**C. Robin Roach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 135-25 Hoover Ave  
 City Kew Gardens State NY Zip Code 11435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DC 37 Occupation General Counsel/Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 284.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15508**  
 Amount of Each Receipt this Period 284.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 324.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 36
	<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. Jose Robles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 Malcolm X Blvd.  
 apt. 2B  
 City New York State NY Zip Code 10026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYC Health & Hospital Corp Occupation institutional aide  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 363.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15500**  
 Amount of Each Receipt this Period 36.00  
 Payroll Deduction

**B. 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 ▼ 1300.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15504**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction

**C. Alma Roper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115-24 165th Street  
 City Jamaica State NY Zip Code 11434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer district Council 37 Occupation Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15506**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 156.00  
**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 29 OF 36  
(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 (DC37PEOPLE)

**A. K G Sabater**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1566 Macombs Rd  
City Bronx State NY Zip Code 10452  
FEC ID number of contributing federal political committee. C  
Name of Employer Dept. of Social Services Occupation Case Workers  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 260.00

Date of Receipt 12 / 31 / 2015  
Transaction ID : SA11AI.15507  
Amount of Each Receipt this Period 20.00  
Payroll Deduction

**B. Joanne Schmidt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1018 Faile St  
City Bronx State NY Zip Code 10459  
FEC ID number of contributing federal political committee. C  
Name of Employer NYC Dept of Health Occupation Family Public Health Nurse  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 260.00

Date of Receipt 12 / 31 / 2015  
Transaction ID : SA11AI.15511  
Amount of Each Receipt this Period 20.00  
Payroll Deduction

**C. Kyle Simmons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1114 Knollwood Drive  
City Tobyhanna State PA Zip Code 18466  
FEC ID number of contributing federal political committee. C  
Name of Employer District Council 37, AFSCME Occupation Grievance Representative  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 520.00

Date of Receipt 12 / 31 / 2015  
Transaction ID : SA11AI.15512  
Amount of Each Receipt this Period 40.00  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... 80.00  
**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 30 OF 36  
(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. John Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O.BOX 199  
 City BRONX State NY Zip Code 10451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer City University of New York Occupation City Custodial Asst.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15513**  
 Amount of Each Receipt this Period 200.00  
 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 ▼ 516.88

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15515**  
 Amount of Each Receipt this Period 39.76  
 Payroll Deduction

**C. William Stumpel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3565 Taft Street  
 City Wantagh State NY Zip Code 11793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DC 37 Occupation IT-software specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15516**  
 Amount of Each Receipt this Period 16.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.76  
**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 31 OF 36
	<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. Patricia Sumlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 W. 165th St.  
 #4f  
 City State Zip Code  
 Bronx NY 10452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NYC Police Dept. Police Admin Aide  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15517**  
 Amount of Each Receipt this Period  
 16.00  
 Payroll Deduction

**B. Steven Sykes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 90 SCHENCK AVENUE  
 APT.1A  
 City State Zip Code  
 GREAT NECK NY 11021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DC37 DC 37 COUNCIL STAFF EMP  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15518**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Deduction

**C. Barbra Terrelonge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 Hull Street  
 City State Zip Code  
 Brooklyn NY 11233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 District Council 37 Asst Director Research Dept.  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2015  
**Transaction ID : SA11AI.15519**  
 Amount of Each Receipt this Period  
 40.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.00
<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 32 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. 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 ▼ 520.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15520**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction

**B. Esther Tucker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 934 Lincoln Station  
 City New York State NY Zip Code 10037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37, ASFCME Occupation Grievance Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15521**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction

**C. Maf Uddin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 161-17 85th Ave  
 City Jamiaca Hills State NY Zip Code 11432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37, AFSCME Occupation Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15522**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction

<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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 36
	<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. Erica Vargas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2022 Balckrock Ave.  
 City Bronx State NY Zip Code 10472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DC37 Occupation Asst. Director PAL dept  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15523**  
 Amount of Each Receipt this Period 15.00  
 Payroll Deduction

**B. Martin Velasquez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 96 Wenlock Street  
 City Staten Island State NY Zip Code 10303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NY State Board of Higher Educa Occupation City Laborer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15524**  
 Amount of Each Receipt this Period 30.00  
 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 ▼ 464.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15525**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<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 34 OF 36
	<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. Christopher Watson</b>			Date of Receipt
Mailing Address 47 Eastern Pkwy			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.15526</b>
Newark	NJ	07106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="16.00"/>
Name of Employer	Occupation	Payroll Deduction	
DC37 Local 420	Local Staff		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Cheryl Whatley</b>			Date of Receipt
Mailing Address 1199 E 53rd Street apt 3f			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.15527</b>
Brooklyn	NY	11234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation	Payroll Deduction	
NYC Dept of Health	Jr Public Health Nurse		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Chris Wilgenkamp</b>			Date of Receipt
Mailing Address 2415 wolson Ave			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.15528</b>
Bronx	NY	10469	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation	Payroll Deduction	
District Council 37, AFSCME	Asst Divison Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="76.00"/>
<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: (check only one)	PAGE 35 OF 36
	<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. Wanda Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Roy Lane  
 City Highland State NY Zip Code 12528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37, AFSCME Occupation Director of Political Action & Legisla  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15529**  
 Amount of Each Receipt this Period 200.00  
 Payroll Deduction

**B. 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 ▼ 790.00

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15530**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction

**C. Willie Mae Young-Pinback**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 156 south 14th Ave  
 City Mt Vernon State NY Zip Code 10550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYC HPD Occupation Real Property Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 217.10

Date of Receipt 12 / 31 / 2015  
**Transaction ID : SA11AI.15531**  
 Amount of Each Receipt this Period 16.70  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	136.70
<b>TOTAL</b> This Period (last page this line number only).....▶	3347.62

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED</b>		Date of Disbursement MM / DD / YYYY 12 / 21 / 2015
Mailing Address 1625 L STREET NW		<b>Transaction ID : SB22.15533</b>
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement Transfer	Amount of Each Disbursement this Period 56831.97
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>Amount of Each Disbursement this Period</b>
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	56831.97
<b>TOTAL</b> This Period (last page this line number only)..... ▶	56831.97