

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

ADDRESS (number and street) 125 Barclay Street Check if different than previously reported. (ACC) NEW YORK NY 10007

2. FEC IDENTIFICATION NUMBER C C00149211 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 08 / 01 / 2018 through 08 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Uddin, Maf, , , Type or Print Name of Treasurer

Signature of Treasurer Uddin, Maf, , , [Electronically Filed] Date 09 / 20 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>		21385.04
(b) Cash on Hand at Beginning of Reporting Period.....	82664.72	
(c) Total Receipts (from Line 19) .....	61293.02	552987.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	143957.74	574372.38
7. Total Disbursements (from Line 31).....	82664.72	513079.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	61293.02	61293.02
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (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).....	3056.80	16617.52
(ii) Unitemized .....	58236.22	536369.82
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	61293.02	552987.34
(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) .....	61293.02	552987.34
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)).....▶	61293.02	552987.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	61293.02	552987.34

**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.....	82664.72	513079.36
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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	82664.72	513079.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	82664.72	513079.36

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	61293.02	552987.34
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	61293.02	552987.34
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 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Akyenpong, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 Pond Way  
 City Staten Island State NY Zip Code 10303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SSEU Local 371 Occupation (for Individual) Greivance Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19280**  
 Amount of Each Receipt this Period 44.00  
 Memo Item  
 Payroll Deduction

**B. Allen, Miriam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4322 Claredon Rd  
 City Brooklyn State NY Zip Code 11203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYC Board of Higher Ed. State Occupation (for Individual) COLLEGE ADMIN ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19281**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 Payroll Deduction

**C. Bankhead, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) District Council 37 Occupation (for Individual) Council Rep  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19283**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	112.46
<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 7 OF 19
	<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. Burger-Arroyo, Judith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1056 E37th St  
 City Brooklyn State NY Zip Code 11210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Grievance Rep, Local President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2070.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19290**  
 Amount of Each Receipt this Period 230.00  
 Memo Item  
 Payroll Deduction

**B. Dolan, Moira, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) District Council 37, AFSCME Occupation (for Individual) Assist Director - Research & Neg.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19303**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction

**C. Elias, Alexander, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Jennifer lande  
 City staten island State NY Zip Code 10306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DC37 Staff Occupation (for Individual) council rep  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19304**  
 Amount of Each Receipt this Period 86.58  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	356.58
<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 8 OF 19
<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. Fontano, Gennaro, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3731 Sandra Court  
 City Wantagh State NY Zip Code 11793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) City of NY- health dept. Occupation (for Individual) City Laborer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19305**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction

**B. Garrido, Henry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 91 Gotham Ave  
 City Elmont State NY Zip Code 11003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) District Council 37 Occupation (for Individual) Asst Assoc Director of DC37  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 875.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19308**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**C. Gray, Oliver, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) District Council 37, AFSCME Occupation (for Individual) Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19310**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<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. Hemingway, Tyler, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Sunglow Terrace  
 City Middletown State NY Zip Code 10941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) District Council 37 Occupation (for Individual) Asst Division Director - Hosp.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19314**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction

**B. Hyslop, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Terrace Place  
 City Brooklyn State NY Zip Code 11218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) District Council 37 Occupation (for Individual) Local President/Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5250.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19318**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 Payroll Deduction

**C. Ifill, Dennis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) City of NY-Rent & Rehab Adm Occupation (for Individual) Local President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19319**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	670.00
<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 19
<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. Ingram-Edmonds, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) District Council 37, AFSCME Occupation (for Individual) Director of Field Operators  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19320**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 Payroll Deduction

**B. John, Jeremy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 861 Elda Lane  
 City Westbury State NY Zip Code 11590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DC 37 Occupation (for Individual) Director of PAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19321**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 Payroll Deduction

**C. Joseph, Jahmila, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 626 Lincoln Place apt 1D  
 City Brooklyn State NY Zip Code 11216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) District Council 37 Occupation (for Individual) Assitant Associate Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19323**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<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 11 OF 19
	<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. Kadlub, amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) District Council 37, AFSCME	Occupation (for Individual) HR Director
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.19325**

Amount of Each Receipt this Period  
 40.00

Memo Item  
 Payroll Deduction

**B. Medina, Belinda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2205 2nd Ave

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

Name of Employer (for Individual) NYC Health & Hospital Corp	Occupation (for Individual) Rehabilitation Tech
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 247.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.19332**

Amount of Each Receipt this Period  
 28.00

Memo Item  
 Payroll Deduction

**C. Negrón, Edwin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 80 East 110th St

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

Name of Employer (for Individual) City of New York Admin Service	Occupation (for Individual) CITY CUSTODIAL ASST
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.19338**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	118.00
<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 12 OF 19
<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. Patrick, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **477 VAN BUREN STREET #18**

City <b>BROOKLYN</b>	State <b>NY</b>	Zip Code <b>11221</b>
-------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>HEALTH AND HOSPITAL CORP</b>	Occupation (for Individual) <b>SERVICE AIDE</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt  

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2018

**Transaction ID : SA11AI.19341**

Amount of Each Receipt this Period  

30.00
-------

Memo Item  
 Payroll Deduction

**B. Pennix, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **54 3rd Street**

City <b>Edison</b>	State <b>NJ</b>	Zip Code <b>08837</b>
-----------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>DC 37</b>	Occupation (for Individual) <b>IT Manager</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2018

**Transaction ID : SA11AI.19344**

Amount of Each Receipt this Period  

30.00
-------

Memo Item  
 Payroll Deduction

**C. Perez, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address **83-87C Woodhaven Blvd APT 2**

City <b>WOODHAVEN</b>	State <b>NY</b>	Zip Code <b>11421</b>
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Health &amp; Hospital Corp (HHC)</b>	Occupation (for Individual) <b>HOUSEKEEPING AIDE</b>
--	---

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
08 / 31 / 2018

**Transaction ID : SA11AI.19345**

Amount of Each Receipt this Period  

30.00
-------

Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</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 13 OF 19
	<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. Pitts, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4286 Conashaugh Lks

City Milford	State PA	Zip Code 18337
-----------------	-------------	-------------------

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

Name of Employer (for Individual) District Council 37, AFSCME	Occupation (for Individual) Grievance Representative
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.19348**

Amount of Each Receipt this Period  
 30.00

Memo Item  
 Payroll Deduction

**B. Policano, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) DC 37	Occupation (for Individual) Director Comm.Dept.
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 875.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.19349**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 Payroll Deduction

**C. Powers, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 BRAKEMAN COURT

City HIGHTSTOWN	State NJ	Zip Code 08520
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Board of Education (BOE)	Occupation (for Individual) CITY LABORER
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.19350**

Amount of Each Receipt this Period  
 40.00

Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 19
	<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. Roach, Robin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) DC 37	Occupation (for Individual) General Counsel/Director
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.19353**

Amount of Each Receipt this Period  
 80.00

Memo Item  
 Payroll Deduction

**B. Rodriquez, Edward, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) District Council 37 Local 1549	Occupation (for Individual) President Local 1549
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 850.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.19355**

Amount of Each Receipt this Period  
 100.00

Memo Item  
 Payroll Deduction

**C. Ryniec, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 136 Cantitoe Street

City Katonah	State NY	Zip Code 10536
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Retiree Association	Occupation (for Individual) retiree
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.19357**

Amount of Each Receipt this Period  
 500.00

Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	680.00
<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 15 OF 19
	<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. Simmons, Kyle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1114 Knollwood Drive  
 City Tobyhanna State PA Zip Code 18466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Grievance Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19361**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction

**B. Stevens, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Board of Higher Ed. State Occupation (for Individual) INFO TECH SR. ASSOCIATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 337.96

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19364**  
 Amount of Each Receipt this Period 39.76  
 Memo Item  
 Payroll Deduction

**C. Sykes, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 SCHENCK AVENUE APT.1A  
 City GREAT NECK State NY Zip Code 11021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) DC37 Occupation (for Individual) DC 37 COUNCIL STAFF EMP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19366**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	119.76
<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 16 OF 19
	<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. Terrelonge, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Hull Street  
 City Brooklyn State NY Zip Code 11233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) District Council 37 Occupation (for Individual) Asst Director Research Dept.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19367**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction

**B. Tucciarelli, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) District Council 37, AFSCME Occupation (for Individual) Grievance Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19369**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction

**C. Velasquez, Martin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NY State Board of Higher Educa Occupation (for Individual) City Laborer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2018  
**Transaction ID : SA11AI.19374**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<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 17 OF 19
	<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. Washington, Leon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 744 Vermont Street  
 City Brooklyn State NY Zip Code 11207  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 kingsboro comm, college City Laborer  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2018  
**Transaction ID : SA11AI.19376**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 Payroll Deduction

**B. Watkins, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 294 Osborn St  
 City Brooklyn State NY Zip Code 11212  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 NYC ADMINISTRATIVE SERVICES CITY CUSTODIAL ASST  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2018  
**Transaction ID : SA11AI.19377**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 Payroll Deduction

**C. Whatley, Cheryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1199 E 53rd Street apt 3f  
 City Brooklyn State NY Zip Code 11234  
 FEC ID number of contributing federal political committee. C  
 Name of Employer (for Individual) Occupation (for Individual)  
 NYC Dept of Health Jr Public Health Nurse  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2018  
**Transaction ID : SA11AI.19379**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 Payroll Deduction

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 18 OF 19
<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Youman, Mercedes, , ,

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 (for Individual) NYC Health Dept.	Occupation (for Individual) Public Health Nurse
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2018

**Transaction ID : SA11AI.19382**

Amount of Each Receipt this Period  
100.00

Memo Item  
 Payroll Deduction

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	3056.80

# 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"/> 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)**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED**

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement Transfer

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 27 / 2018

FEC Identification Number: C C00011114  
**Transaction ID : SB22.19384**  
Amount of Each Disbursement this Period: 82664.72

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	82664.72
<b>TOTAL</b> This Period (last page this line number only).....▶	82664.72