

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 01 2010 through 08 31 2010

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

Type or Print Name of Treasurer Maf Uddin

Signature of Treasurer Electronically Filed by Maf Uddin Date 09 20 2010

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		42457.72
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	45794.34									
(c) Total Receipts (from Line 19) .....	49594.84	398395.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	95389.18	440853.62								
7. Total Disbursements (from Line 31) .....	45794.34	391258.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	49594.84	49594.84								
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)

Write or Type Committee Name

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

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) .....	1389.33	7735.99
(ii) Unitemized .....	48205.51	390659.91
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	49594.84	398395.90
(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) .....	49594.84	398395.90
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	49594.84	398395.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	49594.84	398395.90

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	45794.34	391258.78
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	45794.34	391258.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45794.34	391258.78

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	49594.84	398395.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49594.84	398395.90
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 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Miriam Allen		Date of Receipt MM / DD / YYYY 08 / 30 / 2010		
	Mailing Address 4322 Claredon Rd		<b>Transaction ID:</b> SA11AI.8781		
	City Brooklyn	State NY	Zip Code 11203	Amount of Each Receipt this Period 57.69	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer NYC Board of Higher Ed. State	Occupation COLLEGE ADMIN ASSISTANT	Aggregate Year-to-Date 346.14		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Judith Burger-Arroyo		Date of Receipt MM / DD / YYYY 08 / 30 / 2010		
	Mailing Address 1056 E37th St		<b>Transaction ID:</b> SA11AI.8786		
	City Brooklyn	State NY	Zip Code 11210	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer District Council 37, AFSC-ME	Occupation Grievance Rep, Local President	Aggregate Year-to-Date 1700.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Oliver Gray		Date of Receipt MM / DD / YYYY 08 / 30 / 2010		
	Mailing Address 655 E. 14th Street		<b>Transaction ID:</b> SA11AI.8799		
	City New York	State NY	Zip Code 10009	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer District Council 37, AFSC-ME	Occupation Associate Director	Aggregate Year-to-Date 700.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>337.69</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 7 / 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Barbara Ingram-Edmonds		Date of Receipt MM / DD / YYYY 08 / 30 / 2010		
	Mailing Address 34 douth Mill Rd		<b>Transaction ID:</b> SA11AI.8803		
	City West Winsor	State NJ	Zip Code 08550	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer District Council 37, AFSC-ME	Occupation Director of Field Operators	Aggregate Year-to-Date 700.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Clifford Koppelman		Date of Receipt MM / DD / YYYY 08 / 30 / 2010		
	Mailing Address 1270 E 19 Street, #1J		<b>Transaction ID:</b> SA11AI.8810		
	City Brooklyn	State NY	Zip Code 11230	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer District Council 37, AFSC-ME	Occupation Grievance Representative	Aggregate Year-to-Date 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Veronica Montgomery		Date of Receipt MM / DD / YYYY 08 / 30 / 2010		
	Mailing Address 202 Wyham Ct.		<b>Transaction ID:</b> SA11AI.8816		
	City Slingerlands	State NY	Zip Code 12159	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
	Name of Employer Local 372 NYC Bd of Ed, AFSCME	Occupation President of Local 372	Aggregate Year-to-Date 525.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	195.00
<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 8 / 13  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Edwin Negron

Mailing Address 80 East 110th St

City State Zip Code  
New York NY 10029

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

Name of Employer  
City of New York Admin Service

Occupation  
CITY CUSTODIAL ASST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2010

**Transaction ID:** SA11AI.8817

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)  
Ralph Pepe

Mailing Address 125 E.17th Street

City State Zip Code  
New York NY 10003

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

Name of Employer  
District Council 37, AFSC-ME

Occupation  
Real Estate Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2010

**Transaction ID:** SA11AI.8819

Amount of Each Receipt this Period  
40.00

Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)  
Deborah Pitts

Mailing Address 4286 Conashaugh Lks

City State Zip Code  
Milford PA 18337

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

Name of Employer  
District Council 37, AFSC-ME

Occupation  
Grievance Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2010

**Transaction ID:** SA11AI.8821

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Walthene Primus		Date of Receipt MM / DD / YYYY 08 / 30 / 2010		
	Mailing Address 137-29 Bedell Street		Transaction ID: SA11AI.8823		
	City Springfield Grdns	State NY	Zip Code 11413	Amount of Each Receipt this Period 60.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Representative			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Lillian Roberts		Date of Receipt MM / DD / YYYY 08 / 30 / 2010		
	Mailing Address 2373 Broadway		Transaction ID: SA11AI.8828		
	City New York	State NY	Zip Code 10024	Amount of Each Receipt this Period 220.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
Name of Employer District Council 37, AFSC-ME		Occupation Executive Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1925.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Edward Rodriquez		Date of Receipt MM / DD / YYYY 08 / 30 / 2010		
	Mailing Address 2 Mountain View Dr		Transaction ID: SA11AI.8829		
	City Thiells	State NY	Zip Code 10984	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C		Payroll Deduction		
Name of Employer District Council 37 Local 1549		Occupation President Local 1549			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 875.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	405.00
<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 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Paulette Sher		Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address 381 Edgegrove Avenue		<b>Transaction ID:</b> SA11AI.8831
	City Staten Island	State NY	Zip Code 10312
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
	Name of Employer NYC Off Track Betting	Occupation Betting Clerk	Payroll Deduction

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00
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<b>B.</b>	Full Name (Last, First, Middle Initial) Jose Sierra		Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address 130 South Highland		<b>Transaction ID:</b> SA11AI.8832
	City Ossining	State NY	Zip Code 10562
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
	Name of Employer District Council 37, AFSC-ME	Occupation Division Director	Payroll Deduction

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00
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<b>C.</b>	Full Name (Last, First, Middle Initial) David Stevens		Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address 23 Water Grant St		<b>Transaction ID:</b> SA11AI.8836
	City Yonkers	State NY	Zip Code 10701
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 59.64
	Name of Employer Board of Higher Ed. State	Occupation INFO TECH SR. ASSOCIATE	Payroll Deduction

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 357.84
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>159.64</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 11 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dennis Sullivan		Date of Receipt
	Mailing Address 94 Buckingham Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 30 / 2010
	City	State	Zip Code
	Yonkers	NY	10701
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8837
Name of Employer District Council 37, AFSC-ME		Occupation Director of Research and Negotiations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 50.00
Payroll Deduction			

<b>B.</b>	Full Name (Last, First, Middle Initial) James Tucciarelli		Date of Receipt
	Mailing Address 361 Mill Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 30 / 2010
	City	State	Zip Code
	Staten Island	NY	10306
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8842
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 50.00
Payroll Deduction			

<b>C.</b>	Full Name (Last, First, Middle Initial) Barbara Watkins		Date of Receipt
	Mailing Address 294 Osborn St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 30 / 2010
	City	State	Zip Code
	Brooklyn	NY	11212
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8849
Name of Employer NYC ADMINISTRATIVE SERVICES		Occupation CITY CUSTODIAL ASST	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	<input type="text"/> 32.00
Payroll Deduction			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 132.00
<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:		PAGE 12 / 13	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mercedes Youman		Date of Receipt																					
	Mailing Address 345 E 93rd St 16h		<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>0</td><td>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		3	0		2	0	1	0														
	City NY	State NY	Zip Code	Transaction ID: SA11AI.8854																				
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00																					
Name of Employer NYC Health Dept.	Occupation Public Health Nurse	Payroll Deduction																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	40.00
<b>TOTAL</b> This Period (last page this line number only) .....	1389.33

**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)

PAGE 13 / 13

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB22.8855

Date of Disbursement

08 / 20 / 2010

Amount of Each Disbursement this Period

45794.34

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

45794.34

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

45794.34