



**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<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2015"/>  |  | <input type="text" value="126982.79"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="65649.04"/>  |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="50998.55"/>  | <input type="text" value="368377.99"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="116647.59"/> | <input type="text" value="495360.78"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="65649.04"/>  | <input type="text" value="444362.23"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="50998.55"/>  | <input type="text" value="50998.55"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="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: M M / D D / Y Y Y Y 08 / 01 / 2015 To: M M / D D / Y Y Y Y 08 / 31 / 2015

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 2110.22                       | 7656.88                           |
| (ii) Unitemized .....   | 48888.33                      | 360721.11                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 50998.55                      | 368377.99                         |
| (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) .....  | 50998.55                      | 368377.99                         |
| 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))..... ▶                        | 50998.55                      | 368377.99                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 50998.55                      | 368377.99                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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.....  | 65649.04                      | 444362.23                         |
| 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)) ..      | 65649.04                      | 444362.23                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 65649.04                      | 444362.23                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 50998.55                      | 368377.99                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 50998.55                      | 368377.99                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(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 16  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Miriam Allen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4322 Claredon Rd  
 City Brooklyn State NY Zip Code 11203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYC Board of Higher Ed. State Occupation COLLEGE ADMIN ASSISTANT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **326.91**

Date of Receipt **08 / 31 / 2015**  
**Transaction ID : SA11AI.15039**  
 Amount of Each Receipt this Period **38.46**  
 Payroll Deduction

**B. Sharon Bankhead**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1065 Dr.M.L.K. Jr. Blvd  
 City Bronx State NY Zip Code 10452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37 Occupation Council Rep  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **08 / 31 / 2015**  
**Transaction ID : SA11AI.15041**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction

**C. 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 **225.00**

Date of Receipt **08 / 31 / 2015**  
**Transaction ID : SA11AI.15044**  
 Amount of Each Receipt this Period **60.00**  
 Payroll Deduction

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>148.46</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 OF 16                 |
|   | <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)**

**A. Judith Burger-Arroyo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1056 E37th St  
 City Brooklyn State NY Zip Code 11210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37, AFSCME Occupation Grievance Rep, Local President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2070.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : SA11AI.15049**  
 Amount of Each Receipt this Period 345.00  
 Payroll Deduction

**B. 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 ▼ 228.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : SA11AI.15066**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**C. Gennaro Fontano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3731 Sandra Court  
 City Wantagh State NY Zip Code 11793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer City of NY- health dept. Occupation City Laborer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : SA11AI.15069**  
 Amount of Each Receipt this Period 45.00  
 Payroll Deduction

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 440.00 |
| <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 8 OF 16                 |
|   | <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)<br><b>A. Henry Garrido</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>08 / 31 / 2015<br><b>Transaction ID : SA11Al.15071</b> |
| Mailing Address 91 Gotham Ave   |   | Amount of Each Receipt this Period<br>125.00  |
| City<br>Elmont  | State<br>NY                               | Zip Code<br>11003   |
| FEC ID number of contributing federal political committee.<br>C   | Payroll Deduction                         |   |
| Name of Employer<br>District Council 37   | Occupation<br>Asst Assoc Director of DC37 |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>395.00        |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Oliver Gray</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>08 / 31 / 2015<br><b>Transaction ID : SA11Al.15072</b> |
| Mailing Address 655 E. 14th Street  |                                    | Amount of Each Receipt this Period<br>100.00  |
| City<br>New York  | State<br>NY                        | Zip Code<br>10009   |
| FEC ID number of contributing federal political committee.<br>C   | Payroll Deduction                  |   |
| Name of Employer<br>District Council 37, AFSCME   | Occupation<br>Associate Director   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00 |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mr. Tyler Hemingway</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>08 / 31 / 2015<br><b>Transaction ID : SA11Al.15075</b> |
| Mailing Address 7 Sunflow Terrace   |  | Amount of Each Receipt this Period<br>50.00   |
| City<br>Middletown  | State<br>NY                                  | Zip Code<br>10941   |
| FEC ID number of contributing federal political committee.<br>C   | Payroll Deduction                            |   |
| Name of Employer<br>District Council 37   | Occupation<br>Asst Division Director - Hosp. |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00           |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 275.00 |
| <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 9 OF 16  
(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. 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 360.00

Date of Receipt 08 / 31 / 2015  
 Transaction ID : SA11AI.15078  
 Amount of Each Receipt this Period 60.00  
 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 700.00

Date of Receipt 08 / 31 / 2015  
 Transaction ID : SA11AI.15079  
 Amount of Each Receipt this Period 80.00  
 Payroll Deduction

**C. 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 350.00

Date of Receipt 08 / 31 / 2015  
 Transaction ID : SA11AI.15084  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... 190.00  
**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 10 OF 16  
(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. Ramona Lacen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 431 54 St  
 City State Zip Code  
 brooklyn NY 11220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NYC HHC enroll rep  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.15086**  
 Amount of Each Receipt this Period  
 45.00  
 Payroll Deduction

**B. Edwin Negrón**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 80 East 110th St  
 City State Zip Code  
 New York NY 10029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 City of New York Admin Service CITY CUSTODIAL ASST  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.15100**  
 Amount of Each Receipt this Period  
 75.00  
 Payroll Deduction

**C. Ralph Pepe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 E.17th Street  
 City State Zip Code  
 New York NY 10003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 District Council 37, AFSCME Real Estate Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2015  
**Transaction ID : SA11AI.15103**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00  
**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 16 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. Deborah Pitts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4286 Conashaugh Lks  
 City Milford State PA Zip Code 18337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37, AFSCME Occupation Grievance Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : SA11AI.15104**  
 Amount of Each Receipt this Period 45.00  
 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 ▼ 550.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : SA11AI.15105**  
 Amount of Each Receipt this Period 125.00  
 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 ▼ 360.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : SA11AI.15106**  
 Amount of Each Receipt this Period 60.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.00  
**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 12 OF 16 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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. 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 ▼ 340.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : SA11AI.15107**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction

**B. 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 ▼ 241.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : SA11AI.15112**  
 Amount of Each Receipt this Period 28.00  
 Payroll Deduction

**C. Edward Rodriguez**  
 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 ▼ 875.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : SA11AI.15113**  
 Amount of Each Receipt this Period 125.00  
 Payroll Deduction

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 193.00 |
| <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 13 OF 16  
(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. Jose Sierra**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 South Highland  
 City Ossining State NY Zip Code 10562  
 FEC ID number of contributing federal political committee. C  
 Name of Employer District Council 37, AFSCME Occupation Division Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 31 / 2015  
 Transaction ID : SA11AI.15117  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**B. 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 ▼ 360.00

Date of Receipt 08 / 31 / 2015  
 Transaction ID : SA11AI.15118  
 Amount of Each Receipt this Period 60.00  
 Payroll Deduction

**C. David Stevens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Water Grant St  
 City Yonkers State NY Zip Code 10701  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Board of Higher Ed. State Occupation INFO TECH SR. ASSOCIATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 337.96

Date of Receipt 08 / 31 / 2015  
 Transaction ID : SA11AI.15121  
 Amount of Each Receipt this Period 39.76  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 149.76  
**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 14 OF 16   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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)**

|   |  |   |       |             |       |   |             |    |   |    |   |      |
|---|--|---|-------|-------------|-------|---|-------------|----|---|----|---|------|
| Full Name (Last, First, Middle Initial)<br><b>A. Barbra Terrelonge</b>  |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>31</td> <td>/</td> <td>2015</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 08 | / | 31 | / | 2015 |
| M M M   | /  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |   |    |   |      |
| 08  | /  | 31  | /     | 2015        |       |   |             |    |   |    |   |      |
| Mailing Address 38 Hull Street  |  | <b>Transaction ID : SA11Al.15125</b>  |       |             |       |   |             |    |   |    |   |      |
| City<br>Brooklyn  | State<br>NY                                | Zip Code<br>11233   |       |             |       |   |             |    |   |    |   |      |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>50.00   |       |             |       |   |             |    |   |    |   |      |
| Name of Employer<br>District Council 37   | Occupation<br>Asst Director Research Dept. | Payroll Deduction   |       |             |       |   |             |    |   |    |   |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00         |   |       |             |       |   |             |    |   |    |   |      |

|   |  |   |       |             |       |   |             |    |   |    |   |      |
|---|--|---|-------|-------------|-------|---|-------------|----|---|----|---|------|
| Full Name (Last, First, Middle Initial)<br><b>B. James Tucciarelli</b>  |  | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>31</td> <td>/</td> <td>2015</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 08 | / | 31 | / | 2015 |
| M M M   | /                                      | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |   |    |   |      |
| 08  | /                                      | 31  | /     | 2015        |       |   |             |    |   |    |   |      |
| Mailing Address 361 Mill Rd.  |  | <b>Transaction ID : SA11Al.15126</b>  |       |             |       |   |             |    |   |    |   |      |
| City<br>Staten Island   | State<br>NY                            | Zip Code<br>10306   |       |             |       |   |             |    |   |    |   |      |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>50.00   |       |             |       |   |             |    |   |    |   |      |
| Name of Employer<br>District Council 37, AFSCME   | Occupation<br>Grievance Representative | Payroll Deduction   |       |             |       |   |             |    |   |    |   |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00     |   |       |             |       |   |             |    |   |    |   |      |

|   |                                    |   |       |             |       |   |             |    |   |    |   |      |
|---|------------------------------------|---|-------|-------------|-------|---|-------------|----|---|----|---|------|
| Full Name (Last, First, Middle Initial)<br><b>C. Barbara Watkins</b>  |                                    | Date of Receipt<br><table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td>/</td> <td>31</td> <td>/</td> <td>2015</td> </tr> </table> | M M M | /           | D D D | / | Y Y Y Y Y Y | 08 | / | 31 | / | 2015 |
| M M M   | /                                  | D D D   | /     | Y Y Y Y Y Y |       |   |             |    |   |    |   |      |
| 08  | /                                  | 31  | /     | 2015        |       |   |             |    |   |    |   |      |
| Mailing Address 294 Osborn St   |                                    | <b>Transaction ID : SA11Al.15132</b>  |       |             |       |   |             |    |   |    |   |      |
| City<br>Brooklyn  | State<br>NY                        | Zip Code<br>11212   |       |             |       |   |             |    |   |    |   |      |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>64.00   |       |             |       |   |             |    |   |    |   |      |
| Name of Employer<br>NYC ADMINISTRATIVE SERVICES   | Occupation<br>CITY CUSTODIAL ASST  | Payroll Deduction   |       |             |       |   |             |    |   |    |   |      |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>304.00 |   |       |             |       |   |             |    |   |    |   |      |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 164.00 |
| <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 16   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><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. Cheryl Whatley**  
 Full Name (Last, First, Middle Initial)  
 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 NYC Dept of Health Occupation Jr Public Health Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : SA11AI.15134**  
 Amount of Each Receipt this Period 60.00  
 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 ▼ 390.00

Date of Receipt 08 / 31 / 2015  
**Transaction ID : SA11AI.15137**  
 Amount of Each Receipt this Period 90.00  
 Payroll Deduction

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

Date of Receipt  
 Amount of Each Receipt this Period

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 150.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 2110.22 |

**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)<br><b>A. AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED</b> |  | Date of Disbursement<br>MM / DD / YYYY<br>08 / 20 / 2015 |
| Mailing Address 1625 L STREET NW  |  | <b>Transaction ID : SB22.15141</b>                       |
| City WASHINGTON   | State DC   |  |
| Zip Code 20036  | Purpose of Disbursement<br>Transfer  | Amount of Each Disbursement this Period<br>65649.04      |
| Candidate Name  | Category/Type  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President                   | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:  |  |  |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>  |  | Date of Disbursement<br>MM / DD / YYYY  |
| Mailing Address   |  | <b>Transaction ID : SB22.15141</b>      |
| City  | State  |   |
| Zip Code  | Purpose of Disbursement  | Amount of Each Disbursement this Period |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |  | Date of Disbursement<br>MM / DD / YYYY  |
| Mailing Address   |  | <b>Transaction ID : SB22.15141</b>      |
| City  | State  |   |
| Zip Code  | Purpose of Disbursement  | Amount of Each Disbursement this Period |
| Candidate Name  | Category/Type  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: District:  |  |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 65649.04 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 65649.04 |