

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** CITY STATE ZIPCODE

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:
- | | | | |
|--------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input checked="" type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 08 01 2011 through 08 31 2011

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 2011

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: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2011"/>		96129.65
(b) Cash on Hand at Beginning of Reporting Period	84810.27	
(c) Total Receipts (from Line 19)	53501.32	417187.58
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	138311.59	513317.23
7. Total Disbursements (from Line 31)	84810.27	459815.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	53501.32	53501.32
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY 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 (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)	1450.22	7687.99
(ii) Unitemized	52051.10	409499.59
(iii) TOTAL (add Lines 11(a)(i) and (ii)	53501.32	417187.58
(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)	53501.32	417187.58
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))	53501.32	417187.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	53501.32	417187.58

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	84810.27	459815.91
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))..	84810.27	459815.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84810.27	459815.91

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)	53501.32	417187.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53501.32	417187.58
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"/> 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	

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

A.	Full Name (Last, First, Middle Initial) Miriam Allen		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 4322 Claredon Rd		Transaction ID: SA11AI.9798
	City Brooklyn	State NY	Zip Code 11203
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer NYC Board of Higher Ed. State		Occupation COLLEGE ADMIN ASSISTANT	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14		

B.	Full Name (Last, First, Middle Initial) Judith Burger-Arroyo		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 1056 E37th St		Transaction ID: SA11AI.9802
	City Brooklyn	State NY	Zip Code 11210
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.00
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Rep, Local President	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00		

C.	Full Name (Last, First, Middle Initial) Oliver Gray		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 655 E. 14th Street		Transaction ID: SA11AI.9816
	City New York	State NY	Zip Code 10009
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer District Council 37, AFSC-ME		Occupation Associate Director	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00		

SUBTOTAL of Receipts This Page (optional)	388.46
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 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

A.	Full Name (Last, First, Middle Initial) Mr. Tyler Hemingway		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 7 Sunglow Terrace		Transaction ID: SA11AI.9818
	City Middletown	State NY	Zip Code 10941
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer District Council 37	Occupation Asst Division Director - Hosp.	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Dennis Ifill		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 257-37 149th Ave		Transaction ID: SA11AI.9820
	City Rosedale	State NY	Zip Code 11422
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer City of NY-Rent & Rehab Adm	Occupation Local President	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 340.00	

C.	Full Name (Last, First, Middle Initial) Barbara Ingram-Edmonds		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 34 douth Mill Rd		Transaction ID: SA11AI.9821
	City West Winsor	State NJ	Zip Code 08550
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer District Council 37, AFSC-ME	Occupation Director of Field Operators	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

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: (check only one)	PAGE 8 / 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

A.	Full Name (Last, First, Middle Initial) Clifford Koppelman		Date of Receipt
	Mailing Address 1270 E 19 Street, #1J		<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
	City	State	Zip Code
	Brooklyn	NY	11230
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Representative	Transaction ID: SA11AI.9827
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 350.00	<input type="text"/> 50.00
Payroll Deduction			

B.	Full Name (Last, First, Middle Initial) Edwin Negron		Date of Receipt
	Mailing Address 80 East 110th 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
	City	State	Zip Code
	New York	NY	10029
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	
Name of Employer City of New York Admin Service		Occupation CITY CUSTODIAL ASST	Transaction ID: SA11AI.9837
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 425.00	<input type="text"/> 50.00
Payroll Deduction			

C.	Full Name (Last, First, Middle Initial) Ralph Pepe		Date of Receipt
	Mailing Address 125 E.17th Street		<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
	City	State	Zip Code
	New York	NY	10003
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	
Name of Employer District Council 37, AFSC-ME		Occupation Real Estate Manager	Transaction ID: SA11AI.9841
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 350.00	<input type="text"/> 40.00
Payroll Deduction			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 140.00
TOTAL 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 9 / 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)
Deborah Pitts

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, AFSC-ME Occupation Grievance Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 31 / 2011

Transaction ID: SA11AI.9842

Amount of Each Receipt this Period 30.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
Walthene Primus

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, AFSC-ME Occupation Grievance Representative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2011

Transaction ID: SA11AI.9844

Amount of Each Receipt this Period 40.00

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
Lillian Roberts

Mailing Address 2373 Broadway

City New York State NY Zip Code 10024

FEC ID number of contributing federal political committee. C

Name of Employer District Council 37, AFSC-ME Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1925.00

Date of Receipt 08 / 31 / 2011

Transaction ID: SA11AI.9849

Amount of Each Receipt this Period 275.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 345.00

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 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

A.	Full Name (Last, First, Middle Initial) Edward Rodriguez		Date of Receipt
	Mailing Address 2 Mountain View Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 31 / 2011
	City Thiells	State NY	Zip Code 10984
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9850
			Amount of Each Receipt this Period 125.00
Name of Employer District Council 37 Local 1549		Occupation President Local 1549	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 875.00	

B.	Full Name (Last, First, Middle Initial) Jose Sierra		Date of Receipt
	Mailing Address 130 South Highland		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 31 / 2011
	City Ossining	State NY	Zip Code 10562
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9853
			Amount of Each Receipt this Period 60.00
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 ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) David Stevens		Date of Receipt
	Mailing Address 23 Water Grant St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 08 / 31 / 2011
	City Yonkers	State NY	Zip Code 10701
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9857
			Amount of Each Receipt this Period 39.76
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	

SUBTOTAL of Receipts This Page (optional)	224.76
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 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

A.	Full Name (Last, First, Middle Initial) Barbra Terrelonge		Date of Receipt
	Mailing Address 38 Hull Street		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Brooklyn	NY	11233
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer District Council 37		Occupation Asst Director Research Dept.	Transaction ID: SA11AI.9860
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="360.00"/>	<input type="text" value="40.00"/>
			Payroll Deduction

B.	Full Name (Last, First, Middle Initial) James Tucciarelli		Date of Receipt
	Mailing Address 361 Mill Rd.		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Staten Island	NY	10306
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Representative	Transaction ID: SA11AI.9861
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="50.00"/>
			Payroll Deduction

C.	Full Name (Last, First, Middle Initial) Barbara Watkins		Date of Receipt
	Mailing Address 294 Osborn St		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Brooklyn	NY	11212
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer NYC ADMINISTRATIVE SERVICES		Occupation CITY CUSTODIAL ASST	Transaction ID: SA11AI.9868
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="272.00"/>	<input type="text" value="32.00"/>
			Payroll Deduction

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="122.00"/>
TOTAL 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

A.

Full Name (Last, First, Middle Initial) Mercedes Youman		Date of Receipt MM / DD / YYYY 08 / 31 / 2011
Mailing Address 345 E 93rd St 16h		Transaction ID: SA11AI.9874
City NY	State NY	Zip Code 10128
FEC ID number of contributing federal political committee. C		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	

SUBTOTAL of Receipts This Page (optional)	40.00
TOTAL This Period (last page this line number only)	1450.22

**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)

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 - PEOPLE, 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: SB22.9877

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2011

Amount of Each Disbursement this Period

84810.27

SUBTOTAL of Disbursements This Page (optional)

84810.27

TOTAL This Period (last page this line number only)

84810.27