

# 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) PO BOX 2882  
CHURCH STREET STATION  
 Check if different than previously reported. (ACC)  
NEW YORK NY 10008

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 (12G)  
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 11 01 2009 through 11 30 2009

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 Alvin Warshaviak

Signature of Treasurer Electronically Filed by Alvin Warshaviak Date 12 18 2009

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 **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
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		54656.50
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	13250.41									
(c) Total Receipts (from Line 19) .....	96164.25	562812.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	109414.66	617469.26								
7. Total Disbursements (from Line 31) .....	13250.41	521305.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	96164.25	96164.25								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (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) .....	2558.22	12361.65
(ii) Unitemized .....	93606.03	550451.11
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	96164.25	562812.76
(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) .....	96164.25	562812.76
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)) .....	96164.25	562812.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	96164.25	562812.76

**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.....	13250.41	521305.01
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))..	13250.41	521305.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13250.41	521305.01

**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) .....	96164.25	562812.76
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	96164.25	562812.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 26  
(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 (D-C37PEOPL**

**A.** Full Name (Last, First, Middle Initial)  
Leonard Allen

Mailing Address 512 Powell Street

City State Zip Code  
 Brooklyn NY 11212

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 ▼ 230.00

Date of Receipt MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** SA11AI.8018

Amount of Each Receipt this Period 20.00

Payroll Deduction

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

Mailing Address 4322 Claredon Rd

City State Zip Code  
 Brooklyn NY 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 ▼ 461.52

Date of Receipt MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** SA11AI.8019

Amount of Each Receipt this Period 38.46

Payroll Deduction

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

Mailing Address 2816 Schley Ave  
apt 4b

City State Zip Code  
 Bronx NY 10465

FEC ID number of contributing federal political committee. C

Name of Employer: BRONX COMMUNITY COLLEGE      Occupation: COLLEGE OFFICE ASST

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** SA11AI.8021

Amount of Each Receipt this Period 20.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... 78.46

**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 / 26
	<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) Ronald Arnero		Date of Receipt
	Mailing Address 175 Willoughby St #8H		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Brooklyn	NY	11201
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8086
Name of Employer District Council 37, AFSC-ME		Occupation Assistant Division Director	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 ▼	<input type="text"/> 20.00
		<input type="text"/> 208.00	Payroll Deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Peggy Benjamin		Date of Receipt
	Mailing Address 545 w 126th st		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	NY	NY	10027
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8022
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Rep	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 ▼	<input type="text"/> 15.00
		<input type="text"/> 240.00	Payroll Deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) James Bruni		Date of Receipt
	Mailing Address 22 Brighton 3rd rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Brooklyn	NY	11235
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8024
Name of Employer NYC Department of Protection		Occupation Construction Laborer	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 ▼	<input type="text"/> 30.00
		<input type="text"/> 220.00	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 65.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 26
	<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) Judith Burger-Arroyo		Date of Receipt
	Mailing Address 1056 E37th St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Brooklyn	NY	11210
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8025
Name of Employer District Council 37, AFSC-ME		Occupation Grievance Rep, Local President	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 ▼	<input type="text"/> 300.00
		<input type="text"/> 2400.00	Payroll Deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Jason Canidate		Date of Receipt
	Mailing Address 85 Tompkins Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Brooklyn	NY	11206
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8026
Name of Employer NYC POLICE Dept.		Occupation POLICE ADMIN AIDE	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 ▼	<input type="text"/> 45.00
		<input type="text"/> 360.00	Payroll Deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Cora Casey		Date of Receipt
	Mailing Address 49-57 Crown Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Brooklyn	NY	11221
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8027
Name of Employer NYC Housing Authority		Occupation Secretary	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 ▼	<input type="text"/> 20.00
		<input type="text"/> 240.00	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 365.00
<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 9 / 26  
(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 (D-C37PEOPL**

**A.** Full Name (Last, First, Middle Initial)  
Carmen Charles

Mailing Address **681 Palisade Ave**

City **teaneck** State **NJ** Zip Code **07666**

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

Name of Employer: District Council 37, AFSC-ME      Occupation: Local President

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt: MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID: SA11AI.8028**

Amount of Each Receipt this Period: 25.00

Payroll Deduction

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

Mailing Address **319 Atkins Ave**

City **Brooklyn** State **NY** Zip Code **11208**

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

Name of Employer: Local 372 NYC Bd of Ed, AFSCME      Occupation: Vice President

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt: MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID: SA11AI.8030**

Amount of Each Receipt this Period: 25.00

Payroll Deduction

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

Mailing Address **100 Beekman St. #8B**

City **New York** State **NY** Zip Code **10038**

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

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

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt: MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID: SA11AI.8031**

Amount of Each Receipt this Period: 25.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... 75.00

**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 / 26
	<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"/>	<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) Michael DeMarco		Date of Receipt
	Mailing Address 83 Ramblewood Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Staten Island	NY	10308
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8032
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 ▼ 230.00	<input type="text"/>
		Payroll Deduction	<input type="text"/> 20.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Colleen Detroy		Date of Receipt
	Mailing Address 5101 39th St apt. b21		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Woodside	NY	11104
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8033
Name of Employer District Council 37, AFSC-ME		Occupation Administrative Assistant	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 ▼ 240.00	<input type="text"/>
		Payroll Deduction	<input type="text"/> 25.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Connie Etheridge		Date of Receipt
	Mailing Address 123-18 153rd St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Jamaica	NY	11434
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8035
Name of Employer NYC LAW DEPARTMENT		Occupation CLERICAL ASSOCIATE	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 ▼ 240.00	<input type="text"/>
		Payroll Deduction	<input type="text"/> 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 26
	<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) Lenora Gates		Date of Receipt	
	Mailing Address 112-23 196th St.		M M / D D / Y Y Y Y Y 11 / 30 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.8036
	St. Albans	NY	11412	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		20.00
Name of Employer Local 1549 NYC Clerical Adm.		Occupation Vice President, Local 1549		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		215.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Oliver Gray		Date of Receipt	
	Mailing Address 655 E. 14th Street		M M / D D / Y Y Y Y Y 11 / 30 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.8037
	New York	NY	10009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		100.00
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 ▼		
		960.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mathildegl Holguin		Date of Receipt	
	Mailing Address 35-33 64th St 1a		M M / D D / Y Y Y Y Y 11 / 30 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.8039
	Woodside	NY	11377	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		30.00
Name of Employer NYC Social Services Dept		Occupation Eligibility Specialist		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		240.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 26  
(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)  
Anderson Hyland

Mailing Address 751 E. 89th St #5

City State Zip Code  
Brooklyn NY 11236

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

Name of Employer Local 420, AFSCME AFL-CIO Occupation Accountant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.8040

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)  
Barbara Ingram-Edmonds

Mailing Address 34 douth Mill Rd

City State Zip Code  
West Winsor NJ 08550

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.8041

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)  
Dorothy Jelks

Mailing Address 340 Williams

City State Zip Code  
Brooklyn NY 11207

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

Name of Employer NYC FIRE DEPARTMENT Occupation CLERICAL ASSOCIATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.8042

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 155.00

**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 13 / 26
	<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 Kairson	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 43 Hamilton Terrence	<b>Transaction ID:</b> SA11AI.8044
	City State Zip Code New York NY 10031	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
	Name of Employer: District Council 37, AFSC-ME Occupation: Director of DC 37 Education Fund Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼: 235.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Madonna Knight	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 282 E 35th Street	<b>Transaction ID:</b> SA11AI.8045
	City State Zip Code Brooklyn NY 11203	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction
	Name of Employer: District Council 37, AFSC-ME Occupation: Council Representative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼: 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Clifford Koppelman	Date of Receipt MM / DD / YYYY 11 / 25 / 2009
	Mailing Address 1270 E 19 Street, #1J	<b>Transaction ID:</b> SA11AI.8046
	City State Zip Code Brooklyn NY 11230	Amount of Each Receipt this Period 50.00
	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 ▼: 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	95.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 26
	<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) Jane Latour		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 72 Seaman apt 6b		Transaction ID: SA11AI.8047
	City New York	State NY	Zip Code 10034
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer District Council 37, AFSC-ME	Occupation Associate Editor	Payroll Deduction
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Eugene Lawrence		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 2760 Grand Concourse Apt 1B		Transaction ID: SA11AI.8048
	City Bronx	State NY	Zip Code 10458
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer NYC Parks & Recreation Ad-min	Occupation Associate Park Service Worker	Payroll Deduction
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter Leon		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 183-55 Babylon Ave.		Transaction ID: SA11AI.8049
	City St. Albans	State NY	Zip Code 11412
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
	Name of Employer Local 420 AFSCME, AFI-CIO	Occupation Treasurer, Local 420	Payroll Deduction
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<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 / 26
	<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) Marva Lewis		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 5700 Arlington Ave 9u		Transaction ID: SA11AI.8050
	City Riverdale	State NY	Zip Code 10471
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	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 ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Terrence Miller		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 417 Prospect Pl		Transaction ID: SA11AI.8051
	City Brooklyn	State NY	Zip Code 11238
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer NYC Police Department	Occupation Senior Police Admin. Aide	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Veronica Montgomery		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 202 Wyham Ct.		Transaction ID: SA11AI.8052
	City Slingerlands	State NY	Zip Code 12159
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer Local 372 NYC Bd of Ed, AFSCME	Occupation President of Local 372	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 295.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<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 16 / 26
	<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) Edwin Negron	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 80 East 110th St	<b>Transaction ID:</b> SA11AI.8053
	City State Zip Code New York NY 10029	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
Name of Employer City of New York Admin Service	Occupation CITY CUSTODIAL ASST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ralph Pepe	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 125 E.17th Street	<b>Transaction ID:</b> SA11AI.8054
	City State Zip Code New York NY 10003	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
Name of Employer District Council 37, AFSCME	Occupation Real Estate Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Elnora Phillips	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 110 E 99th Street apt. 12F	<b>Transaction ID:</b> SA11AI.8055
	City State Zip Code New York NY 10029	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
Name of Employer Department of Social Services	Occupation Case Worker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>145.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 26
	<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"/>	<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) Deborah Pitts	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 4286 Conashaugh Lks	<b>Transaction ID:</b> SA11AI.8056
	City Milford State PA Zip Code 18337	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Togba Porte	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address PO Box 20346	<b>Transaction ID:</b> SA11AI.8057
	City Staten Island State NY Zip Code 10302	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
Name of Employer Local 420 AFSCME AFL-CIO Occupation Vice President- Local 420		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Walthene Primus	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 137-29 Bedell Street	<b>Transaction ID:</b> SA11AI.8058
	City Springfield Grdns State NY Zip Code 11413	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>105.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 26
	<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)  
Wendell Reid

Mailing Address 29 Marion Ave

City State Zip Code  
Hartsdale NY 10530

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

Name of Employer District Council 37, AFSC-ME Occupation Council Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** SA11AI.8060

Amount of Each Receipt this Period  
20.00

Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)  
Michael Riggio

Mailing Address 38-24 Corporal Stone S

City State Zip Code  
Bayside NY 11361

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

Name of Employer District Council 37, AFSC-ME Occupation Council Rep

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** SA11AI.8061

Amount of Each Receipt this Period  
20.00

Payroll Deduction

**C.**

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

Mailing Address 2373 Broadway

City State Zip Code  
New York NY 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 ▼ 2640.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** SA11AI.8062

Amount of Each Receipt this Period  
275.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **315.00**

**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 19 / 26
	<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) 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
	City	State	Zip Code
	Thiells	NY	10984
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8063
Name of Employer District Council 37 Local 1549		Occupation President Local 1549	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 ▼	<input type="text"/>
		<input type="text"/> 320.00	Payroll Deduction
			<input type="text"/> 105.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Paulette Sher		Date of Receipt
	Mailing Address 381 Edgegrove Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Staten Island	NY	10312
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8064
Name of Employer NYC Off Track Betting		Occupation Betting Clerk	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 ▼	<input type="text"/>
		<input type="text"/> 480.00	Payroll Deduction
			<input type="text"/> 40.00

<b>C.</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
	City	State	Zip Code
	Ossining	NY	10562
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8065
Name of Employer District Council 37, AFSC-ME		Occupation Division Director	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 ▼	<input type="text"/>
		<input type="text"/> 520.00	Payroll Deduction
			<input type="text"/> 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 195.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 26
	<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) Kyle Simmons	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 1114 Knollwood Drive	<b>Transaction ID:</b> SA11AI.8087
	City State Zip Code Tobyhanna PA 18466	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Yvonne Singh	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 501 E 145th St	<b>Transaction ID:</b> SA11AI.8066
	City State Zip Code Bronx NY 10454	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer: Triboro Bridge & Tunnel Auth. Occupation: Clerical Assoc. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Stevens	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 23 Water Grant St	<b>Transaction ID:</b> SA11AI.8067
	City State Zip Code Yonkers NY 10701	Amount of Each Receipt this Period 39.76
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer: Board of Higher Ed. State Occupation: INFO TECH SR. ASSOCIATE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 477.12	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>89.76</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 21 / 26
	<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 MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 94 Buckingham Rd.	<b>Transaction ID:</b> SA11AI.8068
	City State Zip Code Yonkers NY 10701	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
Name of Employer District Council 37, AFSC-ME	Occupation Director of Research and Negotiations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Carol Thomas	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address PO Box 618 Old Chelsea Sta	<b>Transaction ID:</b> SA11AI.8069
	City State Zip Code NY NY 10113	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
Name of Employer District Council 37, AFSC-ME	Occupation Greivance Rep.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey Thompson	Date of Receipt MM / DD / YYYY 11 / 30 / 2009
	Mailing Address 1949 McGraw Ave	<b>Transaction ID:</b> SA11AI.8070
	City State Zip Code Bronx NY 10462	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
Name of Employer NYC Off Track Betting	Occupation MOTOR VEHICLE OPERATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 26
	<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)  
James Tucciarelli

Mailing Address 361 Mill Rd.

City Staten Island State NY Zip Code 10306

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

Name of Employer District Council 37, AFSC-ME Occupation Grievance Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2009

Transaction ID: SA11AI.8072

Amount of Each Receipt this Period 50.00

Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)  
Esther Tucker

Mailing Address P.O. Box 934 Lincoln Station

City New York State NY Zip Code 10037

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

Name of Employer District Council 37, ASFC-ME Occupation Grievance Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2009

Transaction ID: SA11AI.8073

Amount of Each Receipt this Period 20.00

Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)  
Maf Uddin

Mailing Address 161-17 85th Ave

City Jamiaca Hills State NY Zip Code 11432

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

Name of Employer District Council 37, AFSC-ME Occupation Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2009

Transaction ID: SA11AI.8074

Amount of Each Receipt this Period 25.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 95.00

**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 23 / 26  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Robin Vall

Mailing Address 7508 Bell Blvd  
apt 1n

City Bayside State NY Zip Code 11364

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

Name of Employer NY Dept. of Admin. Service Occupation Clerical Associate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2009

Transaction ID: SA11AI.8075

Amount of Each Receipt this Period 30.00

Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)  
Martin Velasquez

Mailing Address 96 Wenlock Street

City Staten Island State NY Zip Code 10303

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

Name of Employer NY State Board of Higher Education Occupation City Laborer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2009

Transaction ID: SA11AI.8076

Amount of Each Receipt this Period 20.00

Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)  
Barbara Watkins

Mailing Address 294 Osborn St

City Brooklyn State NY Zip Code 11212

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

Name of Employer NYC ADMINISTRATIVE SERVICES Occupation CITY CUSTODIAL ASST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2009

Transaction ID: SA11AI.8077

Amount of Each Receipt this Period 45.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 95.00

**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 24 / 26  
(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)  
Kenneth Wheeler

Mailing Address 1100 Teller Ave.  
apt 2G

City State Zip Code  
Bronx NY 10456

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

Name of Employer  
NYC Parks & Recreation Ad-  
min Occupation  
Associate Park Service Worker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.8078

Amount of Each Receipt this Period  
20.00

Payroll Deduction

**B.**

Full Name (Last, First, Middle Initial)  
Chris Wilgenkamp

Mailing Address 2415 wolson Ave

City State Zip Code  
Bronx NY 10469

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.8079

Amount of Each Receipt this Period  
20.00

Payroll Deduction

**C.**

Full Name (Last, First, Middle Initial)  
Sheryl Williams

Mailing Address 475 Willson Avenue  
Apt 1D

City State Zip Code  
Brooklyn NY 11221

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

Name of Employer  
NYC Finance Administration Occupation  
COMPUTER ASSOC.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** SA11AI.8080

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► **70.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Wanda Williams		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 25 Roy Lane		<b>Transaction ID:</b> SA11AI.8081
City Highland	State NY	Zip Code 12528
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00	
Name of Employer District Council 37, AFSC-ME	Occupation Director of Political Action & Legisla	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

**B.**

Full Name (Last, First, Middle Initial) Timothy Young		Date of Receipt MM / DD / YYYY 11 / 30 / 2009
Mailing Address 186-17 Foch Blvd.		<b>Transaction ID:</b> SA11AI.8082
City St. Albans	State NY	Zip Code 11412
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 40.00	
Name of Employer NYC Department of Transportati	Occupation CITY DEBRIS REMOVER	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	65.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2558.22

**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 26 / 26

<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: SB22.8088

Date of Disbursement

11 / 25 / 2009

Amount of Each Disbursement this Period

13250.41

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

13250.41

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

13250.41