Image# 11953327800 PAGE 1 / 28

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
DISTRICT COUNCIL 37, AFS	CME PUBLIC EMPLOYE	ES ORGANIZED FOR POL	& LEG EQUALITY (DC37PEOPLE)
ADDRESS (number and street)	125 Barclay Street		
Check if different			
than previously reported. (ACC)	NEW YORK		NY 10007
2. FEC IDENTIFICATION NUM	IBER ▼ CITY	′ ▲	STATE ▲ ZIP CODE ▲
C C00149211	3. IS	THIS X NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report	20 (M2) May 20 (M	5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Mar 2	20 (M3) Jun 20 (M6	Sep 20 (M9) X Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2)	PRE-Election Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3)			
January 31 Year-End Report (YE)	Election	on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on//	in the State of
5. Covering Period 11	01 2011	through 11	30 2011
I certify that I have examined this	Report and to the best of r	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Maf Uddin		
Signature of Treasurer Maf Udo	din	[Electronically Filed]	Date 12 / 20 / 2011
NOTE: Submission of false, erroneou	us, 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