

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

RECEIVED
2014 JUL 18 AM 9:39
FEC MAIL CENTER

1. (a) Name of Individual, Organization or Corporation District Council 37	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 125 Barclay St	
(c) City, State and ZIP Code New York, NY 10007	3. FEC Identification Number C —
2. Occupation and Name of Employer (for Individual Filers Only)	

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report

July 15 Quarterly Report

24-Hour Report

October 15 Quarterly Report

48-Hour Report

January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

MM / DD / YYYY

5. COVERING PERIOD:

FROM ^{MM / DD / YYYY} **06 / 24 / 2014**

THROUGH ^{MM / DD / YYYY} **06 / 24 / 2014**

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES

6,214.55

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Asti Gallo

Asti Gallo

7/9/14

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

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

11080 11081 11082 11083 11084

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
District Council 37

Full Name (Last, First, Middle Initial) of Payee <u>District Council 37</u>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <u>06 24 2014</u>	
Mailing Address <u>125 Barclay St</u>		Amount <u>6,214.55</u>	
City <u>New York</u>	State <u>NY</u>	Zip Code <u>10007</u>	
Purpose of Expenditure <u>Print Ad</u>	Category/Type <u>004</u>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>NY</u> District: <u>13</u>
Name of Federal Candidate Supported or Opposed by Expenditure: <u>Rangel, Charles</u>		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <u>0.00</u>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	, <u>6,214.55</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	, <u>0.00</u>
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	, <u>6,214.55</u>

140M12N10814

11-000 1-2014 1-2014

Aeet. 5th Fl.
District Council 37
AFSCME, AFL-CIO

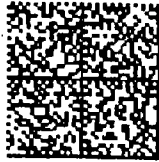
125 BARCLAY STREET
NEW YORK, NY 10007-2179

RETURN SERVICE REQUESTED



NEW YORK
NY 100
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PM 1:41 L

FIRST CLASS



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ZIP 10007 \$ 000.48⁰
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FEC MAIL CENTER

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

20463



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

FORM 11-NIN 000110

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7/12/14
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
JAO PREPARER (8/2013)	7/18/14 DATE PREPARED