

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES 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 NUMBER ▼** C C00149211 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Sep 20 (M9)
- Aug 20 (M8)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2016 through M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2016

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 Uddin, Maf, , ,

Signature of Treasurer Uddin, Maf, , , *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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 This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="58555.39"/>	<input type="text" value="58555.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="68865.90"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="86281.83"/>	<input type="text" value="562634.61"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="155147.73"/>	<input type="text" value="621190.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="68865.90"/>	<input type="text" value="534908.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="86281.83"/>	<input type="text" value="86281.83"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on 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. 05/2016)

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 / 2016 To: M M / D D / Y Y Y Y
08 / 31 / 2016

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).....	2997.22	11249.66
(ii) Unitemized	83284.61	551384.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	86281.83	562634.61
(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)	86281.83	562634.61
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)).....▶	86281.83	562634.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	86281.83	562634.61

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B 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.....	68865.90	534908.17
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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	68865.90	534908.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68865.90	534908.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	86281.83	562634.61
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	86281.83	562634.61
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 OF 17
	<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 (DC37PEOPLE)

A. Akyenpong, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Pond Way
 City Staten Island State NY Zip Code 10303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SSEU Local 371 Occupation (for Individual) Greivance Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.16422
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction

B. Allen, Miriam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4322 Claredon Rd
 City Brooklyn State NY Zip Code 11203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC Board of Higher Ed. State Occupation (for Individual) COLLEGE ADMIN ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.16423
 Amount of Each Receipt this Period 38.46
 Memo Item
 Payroll Deduction

C. Bankhead, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) District Council 37 Occupation (for Individual) Council Rep
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.16426
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	148.46
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 OF 17
	<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 (DC37PEOPLE)

A. Brooker, Nola, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) District Council 37 Occupation (for Individual) Division Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.16430
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

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

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.16434
 Amount of Each Receipt this Period 345.00
 Memo Item
 Payroll Deduction

C. Dolan, Moira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) District Council 37, AFSCME Occupation (for Individual) Assist Director - Research & Neg.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.16458
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	445.00
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 OF 17
	<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	<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. Fontano, Gennaro, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3731 Sandra Court

City Wantagh	State NY	Zip Code 11793
-----------------	-------------	-------------------

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

Name of Employer (for Individual) City of NY- health dept.	Occupation (for Individual) City Laborer
---	---

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		2016

Transaction ID : SA11AI.16462

Amount of Each Receipt this Period
45.00

Memo Item
Payroll Deduction

B. Garrido, Henry, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 91 Gotham Ave

City Elmont	State NY	Zip Code 11003
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) District Council 37	Occupation (for Individual) Asst Assoc Director of DC37
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2016

Transaction ID : SA11AI.16465

Amount of Each Receipt this Period
125.00

Memo Item
Payroll Deduction

C. Gray, Oliver, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 655 E. 14th Street

City New York	State NY	Zip Code 10009
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) District Council 37, AFSCME	Occupation (for Individual) Associate Director
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2016

Transaction ID : SA11AI.16469

Amount of Each Receipt this Period
100.00

Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	270.00
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 9 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. Hemingway, Tyler, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Sunglow Terrace

City Middletown	State NY	Zip Code 10941
--------------------	-------------	-------------------

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

Name of Employer (for Individual) District Council 37	Occupation (for Individual) Asst Division Director - Hosp.
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 08 / 31 / 2016
Transaction ID : SA11Al.16471

Amount of Each Receipt this Period
 50.00

Memo Item
 Payroll Deduction

B. Hyslop, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Terrace Place

City Brooklyn	State NY	Zip Code 11218
------------------	-------------	-------------------

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

Name of Employer (for Individual) District Council 37	Occupation (for Individual) Local President/Rep
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1688.00

Date of Receipt
 08 / 31 / 2016
Transaction ID : SA11Al.16475

Amount of Each Receipt this Period
 750.00

Memo Item
 Payroll Deduction

C. Ifill, Dennis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 257-37 149th Ave

City Rosedale	State NY	Zip Code 11422
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) City of NY-Rent & Rehab Adm	Occupation (for Individual) Local President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 08 / 31 / 2016
Transaction ID : SA11Al.16476

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	840.00
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 OF 17
	<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 (DC37PEOPLE)

A. Ingram-Edmonds, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) District Council 37, AFSCME Occupation (for Individual) Director of Field Operators
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11Al.16477
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

B. John, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 861 Elda Lane
 City Westbury State NY Zip Code 11590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DC 37 Occupation (for Individual) Director of PAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11Al.16479
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

C. Kadlub, amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Douglas Rd
 City SI State NY Zip Code 10304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) HR Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11Al.16483
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	200.00
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 17
	<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 (DC37PEOPLE)

A. Medina, Belinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2205 2nd Ave
 City New York State NY Zip Code 10029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC Health & Hospital Corp Occupation (for Individual) Rehabilitation Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.16494
 Amount of Each Receipt this Period 37.00
 Memo Item
 Payroll Deduction

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

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.16499
 Amount of Each Receipt this Period 75.00
 Memo Item
 Payroll Deduction

C. Pitts, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4286 Conashaugh Lks
 City Milford State PA Zip Code 18337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Grievance Representative
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.16506
 Amount of Each Receipt this Period 45.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	157.00
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 17
	<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 (DC37PEOPLE)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Policano, Christopher, , ,			Date of Receipt MM / DD / YYYY 08 / 31 / 2016 Transaction ID : SA11AI.16507
Mailing Address 340 Haven Ave. apt 6f			Amount of Each Receipt this Period 125.00
City New York	State NY	Zip Code 10033	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer (for Individual) DC 37		Occupation (for Individual) Director Comm.Dept.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Powers, John, , ,			Date of Receipt MM / DD / YYYY 08 / 31 / 2016 Transaction ID : SA11AI.16508
Mailing Address 5 BRAKEMAN COURT			Amount of Each Receipt this Period 60.00
City HIGHTSTOWN	State NJ	Zip Code 08520	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer (for Individual) Board of Education (BOE)		Occupation (for Individual) CITY LABORER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Primus, Walthene, , ,			Date of Receipt MM / DD / YYYY 08 / 31 / 2016 Transaction ID : SA11AI.16509
Mailing Address 137-29 Bedell Street			Amount of Each Receipt this Period 40.00
City Springfield Grdns	State NY	Zip Code 11413	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer (for Individual) District Council 37, AFSCME		Occupation (for Individual) Grievance Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 320.00		

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 OF 17
<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 (DC37PEOPLE)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Roach, Robin, , ,		Date of Receipt MM / DD / YYYY 08 / 31 / 2016 Transaction ID : SA11AI.16513
Mailing Address 135-25 Hoover Ave		Amount of Each Receipt this Period 50.00
City Kew Gardens	State NY	Zip Code 11435
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer (for Individual) DC 37	Occupation (for Individual) General Counsel/Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Robles, Jose, , ,		Date of Receipt MM / DD / YYYY 08 / 31 / 2016 Transaction ID : SA11AI.16514
Mailing Address 65 Malcolm X Blvd. apt. 2B		Amount of Each Receipt this Period 37.00
City New York	State NY	Zip Code 10026
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer (for Individual) NYC Health & Hospital Corp	Occupation (for Individual) institutional aide	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rodriquez, Edward, , ,		Date of Receipt MM / DD / YYYY 08 / 31 / 2016 Transaction ID : SA11AI.16515
Mailing Address 2 Mountain View Dr		Amount of Each Receipt this Period 125.00
City Thiells	State NY	Zip Code 10984
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer (for Individual) District Council 37 Local 1549	Occupation (for Individual) President Local 1549	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 875.00	

SUBTOTAL of Receipts This Page (optional).....	212.00
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 14 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. Simmons, Kyle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1114 Knollwood Drive

City Tobyhanna	State PA	Zip Code 18466
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) District Council 37, AFSCME	Occupation (for Individual) Grievance Representative
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 08 / 31 / 2016
Transaction ID : SA11AI.16519

Amount of Each Receipt this Period
 60.00

Memo Item
 Payroll Deduction

B. Stevens, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Water Grant St

City Yonkers	State NY	Zip Code 10701
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Board of Higher Ed. State	Occupation (for Individual) INFO TECH SR. ASSOCIATE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 318.08

Date of Receipt
 08 / 31 / 2016
Transaction ID : SA11AI.16523

Amount of Each Receipt this Period
 39.76

Memo Item
 Payroll Deduction

C. Terrelonge, Barbra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Hull Street

City Brooklyn	State NY	Zip Code 11233
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) District Council 37	Occupation (for Individual) Asst Director Research Dept.
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 08 / 31 / 2016
Transaction ID : SA11AI.16527

Amount of Each Receipt this Period
 50.00

Memo Item
 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 15 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. Tucciarelli, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) District Council 37, AFSCME Occupation (for Individual) Grievance Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.16530
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction

B. Velasquez, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NY State Board of Higher Educa Occupation (for Individual) City Laborer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.16535
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction

C. Watkins, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 294 Osborn St
 City Brooklyn State NY Zip Code 11212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC ADMINISTRATIVE SERVICES Occupation (for Individual) CITY CUSTODIAL ASST
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 08 / 31 / 2016
Transaction ID : SA11AI.16537
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 16 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <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. Whatley, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NYC Dept of Health Occupation (for Individual) Jr Public Health Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 08 / 31 / 2016
Transaction ID : SA11AI.16539

Amount of Each Receipt this Period
 60.00

Memo Item
 Payroll Deduction

B. Youman, Mercedes, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NYC Health Dept. Occupation (for Individual) Public Health Nurse

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 08 / 31 / 2016
Transaction ID : SA11AI.16543

Amount of Each Receipt this Period
 150.00

Memo Item
 Payroll Deduction

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	2997.22

**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"/> 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)

A. Full Name (Last, First, Middle Initial)
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

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 24 / 2016

FEC Identification Number: C

Transaction ID : SB22.16548

Amount of Each Disbursement this Period: 68865.90

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	68865.90
TOTAL This Period (last page this line number only).....▶	68865.90