

# 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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 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)  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 (12S)

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 06 01 2015 through 06 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Maf Uddin

Signature of Treasurer Maf Uddin [Electronically Filed] Date 07 20 2015

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**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/>		<input type="text" value="126982.79"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="47745.22"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="47869.30"/>	<input type="text" value="299599.70"/>
(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="95614.52"/>	<input type="text" value="426582.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="330967.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="95614.52"/>	<input type="text" value="95614.52"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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. 06/2004)

Page 3

Write or Type Committee Name

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1450.22	4038.44
(ii) Unitemized .....	46419.08	295561.26
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	47869.30	299599.70
(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) .....	47869.30	299599.70
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))..... ▶	47869.30	299599.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	47869.30	299599.70

**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.....	0.00	330967.97
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 (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) 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)) ..	0.00	330967.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	330967.97

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	47869.30	299599.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	47869.30	299599.70
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 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)

Full Name (Last, First, Middle Initial)  
**A. 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 Occupation  
 NYC Board of Higher Ed. State COLLEGE ADMIN ASSISTANT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : SA11AI.14810**

Amount of Each Receipt this Period  
 38.46

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Sharon Bankhead**

Mailing Address 1065 Dr.M.L.K. Jr. Blvd

City State Zip Code  
 Bronx NY 10452

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

Name of Employer Occupation  
 District Council 37 Council Rep

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : SA11AI.14812**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Judith Burger-Arroyo**

Mailing Address 1056 E37th St

City State Zip Code  
 Brooklyn NY 11210

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

Name of Employer Occupation  
 District Council 37, AFSCME Grievance Rep, Local President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1495.00

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : SA11AI.14817**

Amount of Each Receipt this Period  
 230.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 318.46

**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 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. Oliver Gray**  
Full Name (Last, First, Middle Initial)

Mailing Address 655 E. 14th Street

City New York State NY Zip Code 10009

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

Name of Employer District Council 37, AFSCME Occupation Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 30 / 2015  
Transaction ID : SA11AI.14847

Amount of Each Receipt this Period 100.00

Payroll Deduction

**B. Mr. Tyler Hemingway**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Sunglow Terrace

City Middletown State NY Zip Code 10941

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

Name of Employer District Council 37 Occupation Asst Division Director - Hosp.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015  
Transaction ID : SA11AI.14851

Amount of Each Receipt this Period 50.00

Payroll Deduction

**C. Dennis Ifill**  
Full Name (Last, First, Middle Initial)

Mailing Address 257-37 149th Ave

City Rosedale State NY Zip Code 11422

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

Name of Employer City of NY-Rent & Rehab Adm Occupation Local President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015  
Transaction ID : SA11AI.14855

Amount of Each Receipt this Period 40.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 190.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

**A. Barbara Ingram-Edmonds**  
 Full Name (Last, First, Middle Initial)  
 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 District Council 37, AFSCME Occupation Director of Field Operators  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.14856**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction

**B. Clifford Koppelman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1270 E 19 Street, #1J  
 City Brooklyn State NY Zip Code 11230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37, AFSCME Occupation Grievance Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.14862**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**C. Edwin Negron**  
 Full Name (Last, First, Middle Initial)  
 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 City of New York Admin Service Occupation CITY CUSTODIAL ASST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.14877**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<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 9 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

**A. Ralph Pepe**  
Full Name (Last, First, Middle Initial)

Mailing Address 125 E.17th Street

City New York State NY Zip Code 10003

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

Name of Employer District Council 37, AFSCME Occupation Real Estate Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015  
Transaction ID : SA11AI.14880

Amount of Each Receipt this Period 50.00

Payroll Deduction

**B. Christopher Policano**  
Full Name (Last, First, Middle Initial)

Mailing Address 340 Haven Ave. apt 6f

City New York State NY Zip Code 10033

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

Name of Employer DC 37 Occupation Director Comm.Dept.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2015  
Transaction ID : SA11AI.14882

Amount of Each Receipt this Period 125.00

Payroll Deduction

**C. John Powers**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 BRAKEMAN COURT

City HIGHTSTOWN State NJ Zip Code 08520

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

Name of Employer Board of Education (BOE) Occupation CITY LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015  
Transaction ID : SA11AI.14883

Amount of Each Receipt this Period 40.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 215.00

**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 10 OF 13  
(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 (DC37PEOPLE)

**A. Walthene Primus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 137-29 Bedell Street  
 City Springfield Grdns State NY Zip Code 11413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37, AFSCME Occupation Grievance Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.14884**  
 Amount of Each Receipt this Period 60.00  
 Payroll Deduction

**B. Edward Rodriquez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Mountain View Dr  
 City Thiells State NY Zip Code 10984  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37 Local 1549 Occupation President Local 1549  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.14891**  
 Amount of Each Receipt this Period 125.00  
 Payroll Deduction

**C. Jose Sierra**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 South Highland  
 City Ossining State NY Zip Code 10562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37, AFSCME Occupation Division Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.14896**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.00  
**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 13
	<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. Kyle Simmons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1114 Knollwood Drive  
 City Tobyhanna State PA Zip Code 18466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37, AFSCME Occupation Grievance Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.14897**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction

**B. David Stevens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Water Grant St  
 City Yonkers State NY Zip Code 10701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Board of Higher Ed. State Occupation INFO TECH SR. ASSOCIATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 258.44

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.14900**  
 Amount of Each Receipt this Period 39.76  
 Payroll Deduction

**C. Barbra Terrelonge**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 Hull Street  
 City Brooklyn State NY Zip Code 11233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37 Occupation Asst Director Research Dept.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.14905**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	129.76
<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 OF 13  
(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 (DC37PEOPLE)

**A. James Tucciarelli**  
 Full Name (Last, First, Middle Initial)  
 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, AFSCME Occupation Grievance Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.14906**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**B. Barbara Watkins**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 208.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.14915**  
 Amount of Each Receipt this Period 32.00  
 Payroll Deduction

**C. Cheryl Whatley**  
 Full Name (Last, First, Middle Initial)  
 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 NYC Dept of Health Occupation Jr Public Health Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : SA11AI.14917**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 122.00  
**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 13 OF 13  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

**A. Mercedes Youman**  
Full Name (Last, First, Middle Initial)  
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 NYC Health Dept. Occupation Public Health Nurse  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015  
Transaction ID : SA11AI.14923  
Amount of Each Receipt this Period  
40.00  
Payroll Deduction

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1450.22