

American Federation of State, County & Municipal Employees, AFL-CIO
125 BARCLAY STREET • NEW YORK, NY 10007-2179

Telephone: 212-815-1000

District Council



LILLIAN ROBERTS
Executive Director
EDDIE RODRIGUEZ
President
CLIFFORD KOPPELMAN
Secretary
MAF MISBAH UDDIN
Treasurer

FAX COVER SHEET

FAX#: (202) 219-0174 DATE: 9/17/14

TO: Federal Election Commission
Attn: Laura Beaufort

FROM: District Council 37
ID # C90014903

TOTAL NUMBER OF PAGES TO FOLLOW: 4

INSTRUCTIONS/REMARKS:
Attached is amendment to Form 5
and the letter we have received
from FEC.

CONTACT: ASH GAHO

IF THERE ARE ANY QUESTIONS OR DIFFICULTIES, PLEASE

CALL: (212) 815-7682

Vice Presidents:
Robert D. Ajayo
Diky Benn
Carmen Charles
Santos Crespo
Sira Crppen
Michael L. DeMarco
Cuthbert B. Dickenson
Juan A. Fernandez
Jon Forster
Jonathan H. Gray
Robert K. Herkommer
Dennis Hill
Eric Latson
Dishunta Meredith
Israel Miranda, Jr.
Eileen M. Muller
Deborah A. Pitts
Walthere Primus
Joseph Puleo
Alma G. Roper
Jackie Rowe-Adams
Peter Stein
James J. Tucciarelli
Esther (Sandy) Tucker
Anthony Wells

Associate Directors
Henry A. Garrido
Oliver Gray

Retirees Association
Rochelle Mangual

140011100110011

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

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 Street	
(c) City, State and ZIP Code New York, NY 10007	3. FEC Identification Number C90014903
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 **07 09 2014**

5. COVERING PERIOD:

FROM **04 01 2014**
THROUGH **06 30 2014**

6. TOTAL CONTRIBUTIONS..... **000**

7. TOTAL INDEPENDENT EXPENDITURES..... **621455**

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

9/17/2014

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

NONI

FROM : HNS : NON-M

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
District Council 37

Full Name (Last, First, Middle Initial) of Payee District Council 37	Date of Public Distribution/Dissemination 06 24 2014
Mailing Address 125 Barclay Street	Amount 6,214.55
City New York	State NY
Zip Code 10007	

Purpose of Expenditure Print Ad	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NY District: 13
Name of Federal Candidate Supported or Opposed by Expenditure: Rangel, Charles		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6,214.55		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
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
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.....	6,214.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	6,214.55

4/10/14 11:03 AM



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

September 12, 2014

DISTRICT COUNCIL 37
125 BARCLAY ST
NEW YORK, NY 10007

Response Due Date
10/17/2014

IDENTIFICATION NUMBER: C90014903

REFERENCE: JULY QUARTERLY REPORT (04/01/2014 - 06/30/2014)

Dear Filer:

This letter is prompted by the Commission's preliminary review of the Report of Independent Expenditures Made and Contributions Received (FEC Form 5) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** Additional information is needed for the following 1 item(s):

- Schedule E discloses Calendar Year-To-Date Per Election for New York House primary total(s) which appear to be incorrect. Please amend your report to provide the correct total(s) on Schedule E. (11 CFR § 109.10)

Please note, you will not receive an additional notice from the Commission on this matter. Requests for extensions of time in which to respond will not be considered. Failure to comply with the provisions of the Act may result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1187.

2014 SEP 17 PM 2:03

RECEIVED
0037
ACCOUNTING

17-NOV-10 11:00:01

DISTRICT COUNCIL 37

Page 2 of 2

Sincerely,

Laura Beaufort

Laura Beaufort
Senior Campaign Finance Analyst
Reports Analysis Division

428

ACCOUNTING

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<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
<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 checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX Machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	

N/A PREPARER	N/A DATE PREPARED
-----------------	----------------------

FROM: HND:NON