

**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 &amp; 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  
REPORTNEW  
(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)☐ 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  
05 01 2019

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2019

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

Uddin, Maf, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Uddin, Maf, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 20 2019

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

|                                                                                                                                                                               | COLUMN A<br>This Period                                               | COLUMN B<br>Calendar Year-to-Date                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span><br><span style="border: 1px solid black; padding: 2px;">2019</span> |                                                                       | <span style="border: 1px solid black; padding: 2px;">117233.32</span> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                                                                                     | <span style="border: 1px solid black; padding: 2px;">58721.78</span>  |                                                                       |
| (c) Total Receipts (from Line 19) .....                                                                                                                                       | <span style="border: 1px solid black; padding: 2px;">57356.76</span>  | <span style="border: 1px solid black; padding: 2px;">297420.94</span> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....                                                                           | <span style="border: 1px solid black; padding: 2px;">116078.54</span> | <span style="border: 1px solid black; padding: 2px;">414654.26</span> |
| 7. Total Disbursements (from Line 31).....                                                                                                                                    | <span style="border: 1px solid black; padding: 2px;">58721.78</span>  | <span style="border: 1px solid black; padding: 2px;">357297.50</span> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                                                                                      | <span style="border: 1px solid black; padding: 2px;">57356.76</span>  | <span style="border: 1px solid black; padding: 2px;">57356.76</span>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                               | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |                                                                       |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                              | <span style="border: 1px solid black; padding: 2px;">0.00</span>      |                                                                       |

☒ 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 &amp; LEG EQUALITY (DC37PEOPLE)

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 1 |   | 2 | 0 | 1 | 9 |   |   |

To:

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 |   | 3 | 1 |   | 2 | 0 | 1 | 9 |   |   |

**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).....

2200.94

7265.94

(ii) Unitemized .....

55155.82

290155.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

57356.76

297420.94

(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) .....

57356.76

297420.94

## 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)) .....

57356.76

297420.94

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

57356.76

297420.94

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>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.....                                        | 58721.78                      | 357297.50                         |
| 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)) ..      | 58721.78                      | 357297.50                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 58721.78                      | 357297.50                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                             | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....         | 57356.76                              | 297420.94                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                             | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....     | 57356.76                              | 297420.94                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) .....▶ | 0.00                                  | 0.00                                      |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                  | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(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 15  
 (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)

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

**A. Akyenpong, Michelle, , ,**

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)  
Grievance Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2019

Transaction ID : SA11AI.20265

Amount of Each Receipt this Period

44.00

☐ Memo Item  
☐ Payroll Deduction

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

**B. Allen, Miriam, , ,**

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 ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2019

Transaction ID : SA11AI.20266

Amount of Each Receipt this Period

38.46

☐ Memo Item  
☐ Payroll Deduction

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

**C. Bankhead, Sharon, , ,**

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2019

Transaction ID : SA11AI.20268

Amount of Each Receipt this Period

40.00

☐ Memo Item  
☐ Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

122.46

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15  
(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)

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

**A. Burger-Arroyo, Judith, , ,**

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 ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : SA11AI.20276

Amount of Each Receipt this Period

230.00

☐ Memo Item  
☐ Payroll Deduction

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

**B. Dolan, Moira, , ,**

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : SA11AI.20288

Amount of Each Receipt this Period

40.00

☐ Memo Item  
☐ Payroll Deduction

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

**C. Elias, Alexander, , ,**

Mailing Address 28 Jennifer lande

City  
staten island

State  
NY

Zip Code  
10306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DC37 Staff

Occupation (for Individual)  
council rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : SA11AI.20290

Amount of Each Receipt this Period

38.48

☐ Memo Item  
☐ Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

308.48

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 15  
(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)

|                                                                                                                                          |                     |                                                                                                             |                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Francois I, Shaun, , ,</b></p>           |                     | <p>Date of Receipt</p> <p>MM / DD / YYYY<br/>05 / 31 / 2019</p> <p><b>Transaction ID : SA11AI.20292</b></p> |                                                                 |
| <p>Mailing Address 148-71 Edgewood street<br/>2nd floor</p>                                                                              |                     | <p>Amount of Each Receipt this Period</p> <p>40.00</p>                                                      |                                                                 |
| <p>City<br/>Rosedale</p>                                                                                                                 | <p>State<br/>NY</p> | <p>Zip Code<br/>11422</p>                                                                                   | <p><input type="checkbox"/> Memo Item<br/>Payroll Deduction</p> |
| <p>FEC ID number of contributing federal political committee.</p> <p>C</p>                                                               |                     | <p>Aggregate Year-to-Date ▼</p> <p>210.00</p>                                                               |                                                                 |
| <p>Name of Employer (for Individual)<br/>Local 372</p>                                                                                   |                     | <p>Occupation (for Individual)<br/>President of Local 372</p>                                               |                                                                 |
| <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |                     |                                                                                                             |                                                                 |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Garrido, Henry, , ,</b></p>              |                     | <p>Date of Receipt</p> <p>MM / DD / YYYY<br/>05 / 31 / 2019</p> <p><b>Transaction ID : SA11AI.20296</b></p> |                                                                 |
| <p>Mailing Address 91 Gotham Ave</p>                                                                                                     |                     | <p>Amount of Each Receipt this Period</p> <p>100.00</p>                                                     |                                                                 |
| <p>City<br/>Elmont</p>                                                                                                                   | <p>State<br/>NY</p> | <p>Zip Code<br/>11003</p>                                                                                   | <p><input type="checkbox"/> Memo Item<br/>Payroll Deduction</p> |
| <p>FEC ID number of contributing federal political committee.</p> <p>C</p>                                                               |                     | <p>Aggregate Year-to-Date ▼</p> <p>500.00</p>                                                               |                                                                 |
| <p>Name of Employer (for Individual)<br/>District Council 37</p>                                                                         |                     | <p>Occupation (for Individual)<br/>Asst Assoc Director of DC37</p>                                          |                                                                 |
| <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |                     |                                                                                                             |                                                                 |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Gray, Oliver, , ,</b></p>                |                     | <p>Date of Receipt</p> <p>MM / DD / YYYY<br/>05 / 31 / 2019</p> <p><b>Transaction ID : SA11AI.20301</b></p> |                                                                 |
| <p>Mailing Address 655 E. 14th Street</p>                                                                                                |                     | <p>Amount of Each Receipt this Period</p> <p>80.00</p>                                                      |                                                                 |
| <p>City<br/>New York</p>                                                                                                                 | <p>State<br/>NY</p> | <p>Zip Code<br/>10009</p>                                                                                   | <p><input type="checkbox"/> Memo Item<br/>Payroll Deduction</p> |
| <p>FEC ID number of contributing federal political committee.</p> <p>C</p>                                                               |                     | <p>Aggregate Year-to-Date ▼</p> <p>420.00</p>                                                               |                                                                 |
| <p>Name of Employer (for Individual)<br/>District Council 37, AFSCME</p>                                                                 |                     | <p>Occupation (for Individual)<br/>Associate Director</p>                                                   |                                                                 |
| <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>   |                     |                                                                                                             |                                                                 |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional).....▶</p>                                                                            |                     | <p>220.00</p>                                                                                               |                                                                 |
| <p><b>TOTAL</b> This Period (last page this line number only).....▶</p>                                                                  |                     |                                                                                                             |                                                                 |



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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 15  
 (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)

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

**A. Hemingway, Tyler, , Mr.,**

Mailing Address 7 Sunflow 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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 31 / 2019

Transaction ID : SA11AI.20305

Amount of Each Receipt this Period

40.00

☐ Memo Item  
☐ Payroll Deduction

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

**B. Hyslop, John, , ,**

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 ▼

3150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 31 / 2019

Transaction ID : SA11AI.20309

Amount of Each Receipt this Period

600.00

☐ Memo Item  
☐ Payroll Deduction

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

**C. Ingram-Edmonds, Barbara, , ,**

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 31 / 2019

Transaction ID : SA11AI.20311

Amount of Each Receipt this Period

80.00

☐ Memo Item  
☐ Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

720.00

# **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 10 OF 15

☒ 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)

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

**A. John, Jeremy, , ,**

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : SA11AI.20313

Amount of Each Receipt this Period

80.00

☐ Memo Item  
☐ Payroll Deduction

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

**B. Joseph, Jahmila, , ,**

Mailing Address 626 Lincoln Place  
apt 1D

City  
Brooklyn

State  
NY

Zip Code  
11216

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
District Council 37

Occupation (for Individual)  
Assitant Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : SA11AI.20315

Amount of Each Receipt this Period

40.00

☐ Memo Item  
☐ Payroll Deduction

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

**C. Kadlub, amy, , ,**

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : SA11AI.20317

Amount of Each Receipt this Period

40.00

☐ Memo Item  
☐ Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

160.00

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 15

(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)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>A. Ko, Jae, , ,</b></p> <p>Mailing Address 40-45 68 street<br/>apt 3b</p> <p>City woodside State NY Zip Code 11377</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) DC37 Staff Occupation (for Individual) Council staff</p> <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>210.00</p>                       |  | <p>Date of Receipt</p> <p><b>05 / 31 / 2019</b></p> <p><b>Transaction ID : SA11AI.20320</b></p> <p>Amount of Each Receipt this Period<br/>40.00</p> <p><input type="checkbox"/> Memo Item<br/>Payroll Deduction</p> |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>B. Negron, Edwin, , ,</b></p> <p>Mailing Address 80 East 110th St</p> <p>City New York State NY Zip Code 10029</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) City of New York Admin Service Occupation (for Individual) CITY CUSTODIAL ASST</p> <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>250.00</p> |  | <p>Date of Receipt</p> <p><b>05 / 31 / 2019</b></p> <p><b>Transaction ID : SA11AI.20337</b></p> <p>Amount of Each Receipt this Period<br/>50.00</p> <p><input type="checkbox"/> Memo Item<br/>Payroll Deduction</p> |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name</p> <p><b>C. Nesbit, Donald, , ,</b></p> <p>Mailing Address PO box 874</p> <p>City Clarke State NJ Zip Code 07066</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) Local 372 Occupation (for Individual) Local 372 staff</p> <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p> <p>Aggregate Year-to-Date ▼<br/>210.00</p>                                   |  | <p>Date of Receipt</p> <p><b>05 / 31 / 2019</b></p> <p><b>Transaction ID : SA11AI.20338</b></p> <p>Amount of Each Receipt this Period<br/>40.00</p> <p><input type="checkbox"/> Memo Item<br/>Payroll Deduction</p> |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 130.00                                                                                                                                                                                                              |
| <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                     |

# **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 15  
 (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)

|                                                                                                                                 |             |                   |                                                                                                    |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|----------------------------------------------------------------------------------------------------|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. Pennix, Michael, , ,</b>               |             |                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>05 / 31 / 2019<br><b>Transaction ID : SA11AI.20345</b> |  |  |
| Mailing Address 54 3rd Street                                                                                                   |             |                   | Amount of Each Receipt this Period<br>40.00                                                        |  |  |
| City<br>Edison                                                                                                                  | State<br>NJ | Zip Code<br>08837 | <input type="checkbox"/> Memo Item<br><input type="checkbox"/> Payroll Deduction                   |  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                   | Aggregate Year-to-Date ▼<br>210.00                                                                 |  |  |
| Name of Employer (for Individual)<br>DC 37                                                                                      |             |                   | Occupation (for Individual)<br>IT Manager                                                          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                   |                                                                                                    |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. Policano, Christopher, , ,</b>         |             |                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>05 / 31 / 2019<br><b>Transaction ID : SA11AI.20349</b> |  |  |
| Mailing Address 340 Haven Ave.<br>apt 6f                                                                                        |             |                   | Amount of Each Receipt this Period<br>100.00                                                       |  |  |
| City<br>New York                                                                                                                | State<br>NY | Zip Code<br>10033 | <input type="checkbox"/> Memo Item<br><input type="checkbox"/> Payroll Deduction                   |  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                   | Aggregate Year-to-Date ▼<br>525.00                                                                 |  |  |
| Name of Employer (for Individual)<br>DC 37                                                                                      |             |                   | Occupation (for Individual)<br>Director Comm.Dept.                                                 |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |                   |                                                                                                    |  |  |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. Roach, Robin, , ,</b>                  |             |                   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>05 / 31 / 2019<br><b>Transaction ID : SA11AI.20352</b> |  |  |
| Mailing Address 135-25 Hoover Ave                                                                                               |             |                   | Amount of Each Receipt this Period<br>80.00                                                        |  |  |
| City<br>Kew Gardens                                                                                                             | State<br>NY | Zip Code<br>11435 | <input type="checkbox"/> Memo Item<br><input type="checkbox"/> Payroll Deduction                   |  |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |             |                   | Aggregate Year-to-Date ▼<br>420.00                                                                 |  |  |
| Name of Employer (for Individual)<br>DC 37                                                                                      |             |                   | Occupation (for Individual)<br>General Counsel/Director                                            |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   |             |                   |                                                                                                    |  |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....                                                                           |             |                   | 220.00                                                                                             |  |  |
| <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: PAGE 13 OF 15  
(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)

|                                                                                                                                          |                     |                           |                                                                                                              |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|--------------------------------------------------------------------------------------------------------------|--|--|
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br/><b>A. Rodriguez, Edward, , ,</b></p>              |                     |                           | <p>Date of Receipt<br/>M M / D D / Y Y Y Y Y<br/>05 / 31 / 2019<br/><b>Transaction ID : SA11AI.20354</b></p> |  |  |
| <p>Mailing Address 2 Mountain View Dr</p>                                                                                                |                     |                           | <p>Amount of Each Receipt this Period<br/>100.00</p>                                                         |  |  |
| <p>City<br/>Thiells</p>                                                                                                                  | <p>State<br/>NY</p> | <p>Zip Code<br/>10984</p> | <p><input type="checkbox"/> Memo Item<br/>Payroll Deduction</p>                                              |  |  |
| <p>FEC ID number of contributing federal political committee.<br/>C</p>                                                                  |                     |                           | <p>Aggregate Year-to-Date ▼<br/>525.00</p>                                                                   |  |  |
| <p>Name of Employer (for Individual)<br/>District Council 37 Local 1549</p>                                                              |                     |                           | <p>Occupation (for Individual)<br/>President Local 1549</p>                                                  |  |  |
| <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |                     |                           |                                                                                                              |  |  |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br/><b>B. Sykes, Steven, , ,</b></p>                  |                     |                           | <p>Date of Receipt<br/>M M / D D / Y Y Y Y Y<br/>05 / 31 / 2019<br/><b>Transaction ID : SA11AI.20364</b></p> |  |  |
| <p>Mailing Address 90 SCHENCK AVENUE<br/>APT.1A</p>                                                                                      |                     |                           | <p>Amount of Each Receipt this Period<br/>40.00</p>                                                          |  |  |
| <p>City<br/>GREAT NECK</p>                                                                                                               | <p>State<br/>NY</p> | <p>Zip Code<br/>11021</p> | <p><input type="checkbox"/> Memo Item<br/>Payroll Deduction</p>                                              |  |  |
| <p>FEC ID number of contributing federal political committee.<br/>C</p>                                                                  |                     |                           | <p>Aggregate Year-to-Date ▼<br/>210.00</p>                                                                   |  |  |
| <p>Name of Employer (for Individual)<br/>DC37</p>                                                                                        |                     |                           | <p>Occupation (for Individual)<br/>DC 37 COUNCIL STAFF EMP</p>                                               |  |  |
| <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |                     |                           |                                                                                                              |  |  |
| <p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br/><b>C. Terrelonge, Barbara, , ,</b></p>            |                     |                           | <p>Date of Receipt<br/>M M / D D / Y Y Y Y Y<br/>05 / 31 / 2019<br/><b>Transaction ID : SA11AI.20365</b></p> |  |  |
| <p>Mailing Address 38 Hull Street</p>                                                                                                    |                     |                           | <p>Amount of Each Receipt this Period<br/>40.00</p>                                                          |  |  |
| <p>City<br/>Brooklyn</p>                                                                                                                 | <p>State<br/>NY</p> | <p>Zip Code<br/>11233</p> | <p><input type="checkbox"/> Memo Item<br/>Payroll Deduction</p>                                              |  |  |
| <p>FEC ID number of contributing federal political committee.<br/>C</p>                                                                  |                     |                           | <p>Aggregate Year-to-Date ▼<br/>210.00</p>                                                                   |  |  |
| <p>Name of Employer (for Individual)<br/>District Council 37</p>                                                                         |                     |                           | <p>Occupation (for Individual)<br/>Asst Director Research Dept.</p>                                          |  |  |
| <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify)</p>   |                     |                           |                                                                                                              |  |  |
| <p><b>SUBTOTAL</b> of Receipts This Page (optional).....</p>                                                                             |                     |                           | <p>180.00</p>                                                                                                |  |  |
| <p><b>TOTAL</b> This Period (last page this line number only).....</p>                                                                   |                     |                           | <p></p>                                                                                                      |  |  |

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 15  
(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)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>A. Tucciarelli, James, , ,</b><br>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Mailing Address 361 Mill Rd.<br>City Staten Island State NY Zip Code 10306<br>FEC ID number of contributing federal political committee. C<br>Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Grievance Representative<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00 |  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>05 / 31 / 2019<br><b>Transaction ID : SA11AI.20370</b><br>Amount of Each Receipt this Period<br>40.00<br><input type="checkbox"/> Memo Item<br><input type="checkbox"/> Payroll Deduction  |  |
| <b>B. Youman, Mercedes, , ,</b><br>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Mailing Address 345 E 93rd St 16h<br>City NY State NY Zip Code 10128<br>FEC ID number of contributing federal political committee. C<br>Name of Employer (for Individual) NYC Health Dept. Occupation (for Individual) Public Health Nurse<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00                         |  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>05 / 31 / 2019<br><b>Transaction ID : SA11AI.20381</b><br>Amount of Each Receipt this Period<br>100.00<br><input type="checkbox"/> Memo Item<br><input type="checkbox"/> Payroll Deduction |  |
| <b>C.</b><br>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>Mailing Address<br>City State Zip Code<br>FEC ID number of contributing federal political committee. C<br>Name of Employer (for Individual) Occupation (for Individual)<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼                                                                                                                           |  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>Amount of Each Receipt this Period<br><input type="checkbox"/> Memo Item                                                                                                                   |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  | 140.00                                                                                                                                                                                                                                   |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  | 2200.94                                                                                                                                                                                                                                  |  |

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                                        |                              |                             |                              |
|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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 &amp; LEG EQUALITY (DC37PEOPLE)

Full Name (Last, First, Middle Initial)

**A. AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E , QUALIFIED**

Mailing Address 1625 L STREET NW

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
Transfer

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    |   | 28    |   | 2019        |

FEC Identification Number

C C00011114

Transaction ID : SB22.20383

Amount of Each Disbursement this Period

58721.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

58721.78

58721.78