

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 in the State of

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

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

Election on in the State of

5. Covering Period **09** / **01** / **2012** through **09** / **30** / **2012**

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 **10** / **25** / **2012**

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)

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="2012"/>	<input type="text" value="48993.05"/>	<input type="text" value="48993.05"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="52200.39"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="65243.88"/>	<input type="text" value="498557.16"/>
(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="117444.27"/>	<input type="text" value="547550.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="52200.39"/>	<input type="text" value="482306.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="65243.88"/>	<input type="text" value="65243.88"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

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).....	1981.22	10259.21
(ii) Unitemized	63262.66	488297.95
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	65243.88	498557.16
(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)	65243.88	498557.16
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))..... ▶	65243.88	498557.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	65243.88	498557.16

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.....	52200.39	482306.33
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)) ..	52200.39	482306.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52200.39	482306.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	65243.88	498557.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	65243.88	498557.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Jackie Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 870 Riverdale Dr. #5a
 City New York State NY Zip Code 10032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DC 37 Occupation President of Local 299
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.11136
 Amount of Each Receipt this Period 75.00
 Payroll Deduction

B. Miriam Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4322 Claredon Rd
 City Brooklyn State NY Zip Code 11203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYC Board of Higher Ed. State Occupation COLLEGE ADMIN ASSISTANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.11138
 Amount of Each Receipt this Period 38.46
 Payroll Deduction

C. Sharon Bankhead
 Full Name (Last, First, Middle Initial)
 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 District Council 37 Occupation Council Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.11140
 Amount of Each Receipt this Period 60.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	173.46
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 15
	<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. Glen Blacks
 Full Name (Last, First, Middle Initial)
 Mailing Address 2120 Madison Ave.
 City new york State NY Zip Code 10037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Local 372 Occupation Exec VP of Local 372
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.11142
 Amount of Each Receipt this Period 50.00
 Payroll Deduction

B. Judith Burger-Arroyo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1056 E37th St
 City Brooklyn State NY Zip Code 11210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer District Council 37, AFSCME Occupation Grievance Rep, Local President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.11147
 Amount of Each Receipt this Period 345.00
 Payroll Deduction

C. Zonnie Butts
 Full Name (Last, First, Middle Initial)
 Mailing Address 363 Dumont Ave
 City Brooklyn State NY Zip Code 11210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYC Dept Education Occupation School Aide
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2012
Transaction ID : SA11AI.11148
 Amount of Each Receipt this Period 20.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	415.00
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 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)

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

Mailing Address 319 Atkins Ave

City State Zip Code
 Brooklyn NY 11208

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

Name of Employer Occupation
 Local 372 NYC Bd of Ed, AFSCME Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 205.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : SA11Al.11154

Amount of Each Receipt this Period
 35.00

Payroll Deduction

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

Mailing Address 655 E. 14th Street

City State Zip Code
 New York NY 10009

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

Name of Employer Occupation
 District Council 37, AFSCME Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : SA11Al.11167

Amount of Each Receipt this Period
 100.00

Payroll Deduction

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

Mailing Address 7 Sunflow Terrace

City State Zip Code
 Middletown NY 10941

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 410.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : SA11Al.11170

Amount of Each Receipt this Period
 60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 15
	<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. 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 ▼ 400.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : SA11AI.11173

Amount of Each Receipt this Period
 60.00

Payroll Deduction

B. 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 ▼ 800.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : SA11AI.11174

Amount of Each Receipt this Period
 100.00

Payroll Deduction

C. 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 ▼ 400.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : SA11AI.11182

Amount of Each Receipt this Period
 50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00

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 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)

A. Ramona Lacen
 Full Name (Last, First, Middle Initial)
 Mailing Address 431 54 St
 City State Zip Code
 brooklyn NY 11220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NYC HHC enroll rep
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : SA11Al.11184
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction

B. Edwin Negrón
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 East 110th St
 City State Zip Code
 New York NY 10029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 City of New York Admin Service CITY CUSTODIAL ASST
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : SA11Al.11199
 Amount of Each Receipt this Period
 75.00
 Payroll Deduction

C. Ralph Pepe
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 E.17th Street
 City State Zip Code
 New York NY 10003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 District Council 37, AFSCME Real Estate Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : SA11Al.11202
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.00
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 15
	<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. Deborah Pitts
Full Name (Last, First, Middle Initial)

Mailing Address 4286 Conashaugh Lks

City Milford	State PA	Zip Code 18337
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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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : SA11AI.11240

Amount of Each Receipt this Period

100.00	100.00	00.00
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45.00

Payroll Deduction

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

Mailing Address PO Box 20346

City Staten Island	State NY	Zip Code 10302
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FEC ID number of contributing federal political committee. **C**

Name of Employer Local 420 AFSCME AFL-CIO	Occupation Vice President- Local 420
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : SA11AI.11205

Amount of Each Receipt this Period

100.00	100.00	00.00
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20.00

Payroll Deduction

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

Mailing Address 137-29 Bedell Street

City Springfield Grdns	State NY	Zip Code 11413
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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 ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : SA11AI.11206

Amount of Each Receipt this Period

100.00	100.00	00.00
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40.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 15
	<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 (Last, First, Middle Initial) A. Lillian Roberts			Date of Receipt
Mailing Address 2373 Broadway			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11Al.11211
New York	NY	10024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="275.00"/>
Name of Employer	Occupation	Payroll Deduction	
District Council 37, AFSCME	Executive Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2200.00"/>		

Full Name (Last, First, Middle Initial) B. Edward Rodriguez			Date of Receipt
Mailing Address 2 Mountain View Dr			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11Al.11212
Thiells	NY	10984	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="125.00"/>
Name of Employer	Occupation	Payroll Deduction	
District Council 37 Local 1549	President Local 1549		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>		

Full Name (Last, First, Middle Initial) C. Jose Sierra			Date of Receipt
Mailing Address 130 South Highland			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11Al.11217
Ossining	NY	10562	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation	Payroll Deduction	
District Council 37, AFSCME	Division Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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)

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 ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : SA11AI.11218
 Amount of Each Receipt this Period
 30.00

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 ▼ 397.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : SA11AI.11220
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : SA11AI.11222
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 119.76
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 15
	<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)

Full Name (Last, First, Middle Initial) A. James Tucciarelli			Date of Receipt
Mailing Address 361 Mill Rd.			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Staten Island	State NY	Zip Code 10306	Transaction ID : SA11AI.11223
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00		
Name of Employer District Council 37, AFSCME	Occupation Grievance Representative	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

Full Name (Last, First, Middle Initial) B. Barbara Watkins			Date of Receipt
Mailing Address 294 Osborn St			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Brooklyn	State NY	Zip Code 11212	Transaction ID : SA11AI.11231
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 48.00		
Name of Employer NYC ADMINISTRATIVE SERVICES	Occupation CITY CUSTODIAL ASST	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) C. Mercedes Youman			Date of Receipt
Mailing Address 345 E 93rd St 16h			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City NY	State NY	Zip Code 10128	Transaction ID : SA11AI.11236
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00		
Name of Employer NYC Health Dept.	Occupation Public Health Nurse	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

SUBTOTAL of Receipts This Page (optional).....▶	158.00
TOTAL This Period (last page this line number only).....▶	1981.22

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED		Date of Disbursement MM / DD / YYYY 09 / 21 / 2012
Mailing Address 1625 L STREET NW		Transaction ID : SB22.11246
City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period 52200.39	
Purpose of Disbursement Transfer	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/ Type	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/ Type	
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)..... ▶	52200.39
TOTAL This Period (last page this line number only)..... ▶	52200.39