

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

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 06 / 01 / 2013 through [MM] / [DD] / [YYYY] 06 / 30 / 2013

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

Type or Print Name of Treasurer Maf Uddin

Signature of Treasurer Maf Uddin [Electronically Filed] Date 07 / 17 / 2013

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									
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**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="2013"/>		51385.13
(b) Cash on Hand at Beginning of Reporting Period.....	18635.51	
(c) Total Receipts (from Line 19) .....	85432.56	361071.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	104068.07	412456.53
7. Total Disbursements (from Line 31).....	18635.51	327023.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	85432.56	85432.56
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 06 / 01 / 2013 To: M M / D D / Y Y Y Y 06 / 30 / 2013

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).....	83621.76	87351.76
(ii) Unitemized .....	1810.80	273719.64
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	85432.56	361071.40
(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) .....	85432.56	361071.40
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))..... ▶	85432.56	361071.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	85432.56	361071.40

**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.....	18635.51	327023.97
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18635.51	327023.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18635.51	327023.97

**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) .....	85432.56	361071.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	85432.56	361071.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Miriam Allen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4322 Claredon Rd  
 City State Zip Code  
 Brooklyn NY 11203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NYC Board of Higher Ed. State COLLEGE ADMIN ASSISTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.12087**  
 Amount of Each Receipt this Period  
 38.46  
 Payroll Deduction

**B. Sharon Bankhead**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1065 Dr.M.L.K. Jr. Blvd  
 City State Zip Code  
 Bronx NY 10452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 District Council 37 Council Rep  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.12090**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**C. Glen Blacks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2120 Madison Ave.  
 City State Zip Code  
 new york NY 10037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Local 372 Exec VP of Local 372  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.12092**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 138.46  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. 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 ▼ 1495.00

Date of Receipt 06 / 30 / 2013  
Transaction ID : SA11AI.12097

Amount of Each Receipt this Period 230.00

Payroll Deduction

**B. DISTRICT COUNCIL 37**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2882 CHURCH STREET STATION  
CHURCH STREET STATION

City NEW YORK State NY Zip Code 10007

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 341950.93

Date of Receipt 06 / 30 / 2013  
Transaction ID : SA11AI.12190

Amount of Each Receipt this Period 82071.54

Unitized

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

Mailing Address 655 E. 14th Street

City New York State NY Zip Code 10009

FEC ID number of contributing federal political committee. C

Name of Employer District Council 37, AFSCME Occupation Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2013  
Transaction ID : SA11AI.12120

Amount of Each Receipt this Period 100.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 82401.54

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

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

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

<input type="checkbox"/> 12	<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) <b>A. Mr. Tyler Hemingway</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 <b>Transaction ID : SA11AI.12122</b>
Mailing Address 7 Sunflow Terrace		Amount of Each Receipt this Period 50.00
City Middletown	State NY	Zip Code 10941
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer District Council 37	Occupation Asst Division Director - Hosp.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Dennis Ifill</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 <b>Transaction ID : SA11AI.12125</b>
Mailing Address 257-37 149th Ave		Amount of Each Receipt this Period 60.00
City Rosedale	State NY	Zip Code 11422
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer City of NY-Rent & Rehab Adm	Occupation Local President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. Barbara Ingram-Edmonds</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2013 <b>Transaction ID : SA11AI.12126</b>
Mailing Address 34 douth Mill Rd		Amount of Each Receipt this Period 100.00
City West Winsor	State NJ	Zip Code 08550
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer District Council 37, AFSCME	Occupation Director of Field Operators	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<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 9 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Clifford Koppelman**

Mailing Address 1270 E 19 Street, #1J

City State Zip Code  
 Brooklyn NY 11230

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

Name of Employer Occupation  
 District Council 37, AFSCME Grievance Representative

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 06 / 30 / 2013  
**Transaction ID : SA11AI.12134**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Edwin Negrón**

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 ▼  
 325.00

Date of Receipt  
 06 / 30 / 2013  
**Transaction ID : SA11AI.12149**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction

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

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 ▼  
 260.00

Date of Receipt  
 06 / 30 / 2013  
**Transaction ID : SA11AI.12152**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Walthene Primus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 137-29 Bedell Street  
 City Springfield Grdns State NY Zip Code 11413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37, AFSCME Occupation Grievance Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.12155**  
 Amount of Each Receipt this Period 60.00  
 Payroll Deduction

**B. Lillian Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2373 Broadway  
 City New York State NY Zip Code 10024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Council 37, AFSCME Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.12160**  
 Amount of Each Receipt this Period 275.00  
 Payroll Deduction

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2013  
**Transaction ID : SA11AI.12161**  
 Amount of Each Receipt this Period 125.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	460.00
<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 11 OF 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 06 / 30 / 2013  
**Transaction ID : SA11AI.12166**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**B. David Stevens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Water Grant St  
 City Yonkers State NY Zip Code 10701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Board of Higher Ed. State Occupation INFO TECH SR. ASSOCIATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 238.56

Date of Receipt 06 / 30 / 2013  
**Transaction ID : SA11AI.12169**  
 Amount of Each Receipt this Period 39.76  
 Payroll Deduction

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

Date of Receipt 06 / 30 / 2013  
**Transaction ID : SA11AI.12173**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 139.76  
**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 12 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. James Tucciarelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 361 Mill Rd.

City Staten Island State NY Zip Code 10306

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

Name of Employer District Council 37, AFSCME Occupation Grievance Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
06 / 30 / 2013  
Transaction ID : SA11AI.12189

Amount of Each Receipt this Period 50.00

Payroll Deduction

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

Mailing Address 294 Osborn St

City Brooklyn State NY Zip Code 11212

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

Name of Employer NYC ADMINISTRATIVE SERVICES Occupation CITY CUSTODIAL ASST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
06 / 30 / 2013  
Transaction ID : SA11AI.12181

Amount of Each Receipt this Period 32.00

Payroll Deduction

**C. Mercedes Youman**  
Full Name (Last, First, Middle Initial)

Mailing Address 345 E 93rd St 16h

City NY State NY Zip Code 10128

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

Name of Employer NYC Health Dept. Occupation Public Health Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
06 / 30 / 2013  
Transaction ID : SA11AI.12187

Amount of Each Receipt this Period 40.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	122.00
<b>TOTAL</b> This Period (last page this line number only).....▶	83621.76

**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) <b>A. AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2013
Mailing Address 1625 L STREET NW		<b>Transaction ID : SB22.12082</b>
City WASHINGTON	State DC	
Zip Code 20036	Purpose of Disbursement Transfer	Amount of Each Disbursement this Period 18635.51
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		<b>Transaction ID : SB22.12082</b>
City	State	
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		<b>Transaction ID : SB22.12082</b>
City	State	
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18635.51
<b>TOTAL</b> This Period (last page this line number only).....▶	18635.51