

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 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 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 through MM/DD/YYYY 10/20/2016 through 11/28/2016

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 12/08/2016

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

**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 & 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="2016"/>	<input type="text" value="58555.39"/>	<input type="text" value="58555.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="83038.56"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="113002.85"/>	<input type="text" value="758676.02"/>
(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="196041.41"/>	<input type="text" value="817231.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="83038.56"/>	<input type="text" value="704228.56"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="113002.85"/>	<input type="text" value="113002.85"/>
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).....	5592.45	21359.33
(ii) Unitemized	107410.40	737316.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	113002.85	758676.02
(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)	113002.85	758676.02
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)).....▶	113002.85	758676.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	113002.85	758676.02

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.....	83038.56	704228.56
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)) ..	83038.56	704228.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83038.56	704228.56

DETAILED SUMMARY PAGE
of Disbursements

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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)	113002.85	758676.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	113002.85	758676.02
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 36
	<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. Adams, Darryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 70 Hillside Ave

City Freeport	State NY	Zip Code 11520
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DC37	Occupation (for Individual) Grievance Rep
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16727

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

B. Adams, Jackie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 870 Riverdale Dr. #5a

City New York	State NY	Zip Code 10032
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DC 37	Occupation (for Individual) President of Local 299
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16729

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

C. Akyenpong, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 ▼
 492.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16731

Amount of Each Receipt this Period
 88.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	168.00
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 7 OF 36
	<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. Allen, Miriam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 442.29

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16732
 Amount of Each Receipt this Period 96.15
 Memo Item
 Payroll Deduction

B. Bankhead, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 480.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16734
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

C. Benjamin, Peggy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 545 w 126th st
 City NY State NY Zip Code 10027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Grievance Rep
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16737
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	156.15
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 36
	<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. Brooker, Nola, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1551 UNIONPORT RD
 APT 5F
 City BRONX State NY Zip Code 10462
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) District Council 37 Occupation (for Individual) Division Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2016
Transaction ID : SA11AI.16739
 Amount of Each Receipt this Period
 40.00
 Memo Item
 Payroll Deduction

B. Brown, Ann, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 Napa Dr
 apt 240
 City Augusta State GA Zip Code 30909
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Retiree Assoc Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2016
Transaction ID : SA11AI.16740
 Amount of Each Receipt this Period
 40.00
 Memo Item
 Payroll Deduction

C. Bruni, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Brighton 3rd rd
 City Brooklyn State NY Zip Code 11235
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) NYC Department of Protection Occupation (for Individual) Construction Laborer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2016
Transaction ID : SA11AI.16742
 Amount of Each Receipt this Period
 40.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	120.00
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 36
	<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. Burger-Arroyo, Judith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 2760.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16743
 Amount of Each Receipt this Period 460.00
 Memo Item
 Payroll Deduction

B. Caicedo, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 593 Oak Terrace apt 3E
 City Bronx State NY Zip Code 10454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC HHC Occupation (for Individual) Service Aide
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16744
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

C. Camero, Felix, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1175 Gerard Ave
 City Bronx State NY Zip Code 10452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dept of Social Services Occupation (for Individual) Eligibility specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16745
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	540.00
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 36
<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. Casey, Cora, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49-57 Crown Street
 City Brooklyn State NY Zip Code 11221
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) NYC Housing Authority Occupation (for Individual) Secretary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 11 / 28 / 2016
 Transaction ID : SA11AI.16746
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction

B. Cephas, Valerie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1245 Eastern Pkwy 5b
 City Brooklyn State NY Zip Code 11213
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) NYC Dept of Social Services Occupation (for Individual) case worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016
 Transaction ID : SA11AI.16747
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

C. Charles, Carmen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 681 Palisade Ave
 City Teaneck State NJ Zip Code 07666
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Local President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016
 Transaction ID : SA11AI.16749
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 125.00
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 36
	<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. Cortez, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 C Columbus Dr
 apt 2314

City Jersey City State NJ Zip Code 07302

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

Name of Employer (for Individual) DC37 Occupation (for Individual) DC 37 Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16751

Amount of Each Receipt this Period
 20.00

Memo Item
 Payroll Deduction

B. Crosland, Valerie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 684 Willoughby Ave.
 apt3

City Brooklyn State NY Zip Code 11206

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

Name of Employer (for Individual) NYC Police Department Occupation (for Individual) Police Communication tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16752

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

C. Custance, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 150-49a 20th Ave

City Whitestone State NY Zip Code 11357

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

Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Greivance Rep

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16753

Amount of Each Receipt this Period
 45.00

Memo Item
 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 36
	<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. Dean, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Gainsville Dr

City Plainview	State NY	Zip Code 11803
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DC37	Occupation (for Individual) H&S Staff
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 235.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16852

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

B. Dechinea, Aggrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 187-25 Keefeville Ave

City St Albans	State NY	Zip Code 11412
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SSEU	Occupation (for Individual) Local 371staff
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16759

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

C. Dellavalle, Alfred, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 132 Baldwin Drive

City W Hempstead	State NY	Zip Code 11552
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYC dept of Social Services	Occupation (for Individual) City Laborer
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16760

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	120.00
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 13 OF 36
	<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. DeMarco, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 83 Ramblewood Ave
 City Staten Island State NY Zip Code 10308
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Grievance Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16761
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

B. Dickerson, Cuthbert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1969 Benedict Ave
 City Bronx State NY Zip Code 10462
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) District Council 37 Occupation (for Individual) Grievance Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16762
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction

C. Dolan, Moira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 460.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16763
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	110.00
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 14 OF 36
	<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. Figueroa, Isabel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 431 E147 Street
 City Bronx State NY Zip Code 10455
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Local 420, AFSCME AFL-CIO Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016
 Transaction ID : SA11AI.16765
 Amount of Each Receipt this Period 25.00
 Memo Item
 Payroll Deduction

B. Fontano, Gennaro, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3731 Sandra Court
 City Wantagh State NY Zip Code 11793
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) City of NY- health dept. Occupation (for Individual) City Laborer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 28 / 2016
 Transaction ID : SA11AI.16766
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction

C. Garrido, Henry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91 Gotham Ave
 City Elmont State NY Zip Code 11003
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) District Council 37 Occupation (for Individual) Asst Assoc Director of DC37
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 28 / 2016
 Transaction ID : SA11AI.16769
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 185.00
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 15 OF 36
	<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. graham, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27-25 first St
 City Astoria State NY Zip Code 11102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC ACS Occupation (for Individual) Community Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.40

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11Al.16770
 Amount of Each Receipt this Period 33.40
 Memo Item
 Payroll Deduction

B. Gray, Oliver, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) District Council 37, AFSCME Occupation (for Individual) Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11Al.16772
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction

C. Harris-Martinez, Keenya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 henderson ave
 City SI State NY Zip Code 10310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC empl retiremnt system Occupation (for Individual) custom rep
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11Al.16774
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	153.40
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 16 OF 36
	<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. Hemingway, Tyler, , Mr.,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2016 Transaction ID : SA11Al.16775
Mailing Address 7 Sunglow Terrace			Amount of Each Receipt this Period 40.00
City Middletown	State NY	Zip Code 10941	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hernandez, Yolanda, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2016 Transaction ID : SA11Al.16777
Mailing Address 415 E 115th Street			Amount of Each Receipt this Period 40.00
City NY	State NY	Zip Code 10029	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) HPD		Occupation (for Individual) community coordinator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hooks, Teresa, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2016 Transaction ID : SA11Al.16778
Mailing Address 9802 springfield blvd.			Amount of Each Receipt this Period 40.00
City queen village	State NY	Zip Code 11428	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Bd. of Education		Occupation (for Individual) community assoc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 17 OF 36
	<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. Hyslop, John, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2016
Mailing Address 11 Terrace Place			Transaction ID : SA11Al.16779
City Brooklyn	State NY	Zip Code 11218	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer (for Individual) District Council 37		Occupation (for Individual) Local President/Rep	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3638.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ifill, Dennis, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2016
Mailing Address 257-37 149th Ave			Transaction ID : SA11Al.16780
City Rosedale	State NY	Zip Code 11422	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer (for Individual) City of NY-Rent & Rehab Adm		Occupation (for Individual) Local President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ingram-Edmonds, Barbara, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2016
Mailing Address 34 douth Mill Rd			Transaction ID : SA11Al.16781
City West Winsor	State NJ	Zip Code 08550	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
Name of Employer (for Individual) District Council 37, AFSCME		Occupation (for Individual) Director of Field Operators	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 920.00	

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 18 OF 36
	<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. Jelks, Dorothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 340 Williams

City Brooklyn	State NY	Zip Code 11207
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYC FIRE DEPARTMENT	Occupation (for Individual) CLERICAL ASSOCIATE
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11Al.16782

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

B. John, Jeremy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 861 Elda Lane

City Westbury	State NY	Zip Code 11590
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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 ▼
 480.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11Al.16783

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

C. Johnson, Gerald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1701 Albermarle Rd

City Brooklyn	State NY	Zip Code 11226
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DC 37	Occupation (for Individual) Representative
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11Al.16784

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	120.00
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 19 OF 36
	<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. Johnson, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 87-24 115th street
 City richmond hill State NY Zip Code 11418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DC37 ED fund Occupation (for Individual) Education Dept staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16785
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

B. Joseph, Jahmila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 278.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16786
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

C. Kadlub, amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 460.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16788
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 20 OF 36
	<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. Kissane, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 72 Gaymore Rd
 City Port Jeff. Sta State NY Zip Code 11776
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DC 37 Ed fund Occupation (for Individual) Education Dept Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16789
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

B. Knight, Madonna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 282 E 35th Street
 City Brooklyn State NY Zip Code 11203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Council Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16790
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

C. Kurun, Sabri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1134 William Court
 City Brooklyn State NY Zip Code 11235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) District Council 37 Occupation (for Individual) IT Programmer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16791
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	60.00
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 21 OF 36
	<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. Lawrence, Eugene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2760 Grand Concourse
 Apt 1B

City Bronx	State NY	Zip Code 10458
---------------	-------------	-------------------

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

Name of Employer (for Individual) NYC Parks & Recreation Admin	Occupation (for Individual) Associate Park Service Worker
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16792

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

B. Lewis, Debbie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33-35 Saratoga Ave

City Brooklyn	State NY	Zip Code 11233
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYC Dept of Social Services	Occupation (for Individual) Clerical Associate
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16793

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

C. Matthews, Zachary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 464 Clinton Ave.

City Brooklyn	State NY	Zip Code 11238
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYC Dept of Transportation Adm	Occupation (for Individual) City Laborer
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16797

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	120.00
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 22 OF 36
	<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. McCaskey, Cory, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2016 Transaction ID : SA11AI.16798
Mailing Address 1235 Woodycrest Ave			Amount of Each Receipt this Period 20.00
City Bronx	State NY	Zip Code 10452	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 235.00	
Name of Employer (for Individual) NYC HHC		Occupation (for Individual) Patient Care Assoc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Medina, Belinda, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2016 Transaction ID : SA11AI.16799
Mailing Address 2205 2nd Ave			Amount of Each Receipt this Period 41.00
City New York	State NY	Zip Code 10029	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 316.00	
Name of Employer (for Individual) NYC Health & Hospital Corp		Occupation (for Individual) Rehabilitation Tech	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Miller, Terrence, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2016 Transaction ID : SA11AI.16801
Mailing Address 417 Prospect Pl			Amount of Each Receipt this Period 40.00
City Brooklyn	State NY	Zip Code 11238	<input type="checkbox"/> Memo Item Payroll Deduction
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00	
Name of Employer (for Individual) NYC Police Department		Occupation (for Individual) Senior Police Admin. Aide	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....▶	101.00
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 23 OF 36
<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. Milton, Iven, , , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 253 5th Ave.
 City New Rochelle State NY Zip Code 10801
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) NYC Fire Dept Occupation (for Individual) Fire Protection Insp
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 11 / 28 / 2016
 Transaction ID : SA11AI.16802
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

B. Murphy, Doris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 725 FDR drive 10g
 City New York State NY Zip Code 10009
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Local 371 SSEU Occupation (for Individual) Case worker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 11 / 28 / 2016
 Transaction ID : SA11AI.16803
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

C. Negrón, Edwin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 East 110th St
 City New York State NY Zip Code 10029
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) City of New York Admin Service Occupation (for Individual) CITY CUSTODIAL ASST
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt 11 / 28 / 2016
 Transaction ID : SA11AI.16804
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	180.00
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 24 OF 36
	<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. Pemberton, Janice, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128-15 Gotham Rd.
 City s. Ozone Pk State NY Zip Code 11420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC ACS Occupation (for Individual) Child Protective Spcst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.40

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16807
 Amount of Each Receipt this Period 50.10
 Memo Item
 Payroll Deduction

B. Pennie, Edna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1295 5th Ave apt 11C
 City New York State NY Zip Code 10029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC DEP Occupation (for Individual) Clerical Associate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 236.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16809
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

C. Perez, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 83-87C Woodhaven Blvd APT 2
 City WOODHAVEN State NY Zip Code 11421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health & Hospital Corp (HHC) Occupation (for Individual) HOUSEKEEPING AIDE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16811
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	150.10
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 25 OF 36
	<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. Perry, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 105-23 132nd st.

City s. richmond hill	State NY	Zip Code 11419
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) NYS board of higher ed	Occupation (for Individual) city Laborer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16812

Amount of Each Receipt this Period
 50.00

Memo Item
 Payroll Deduction

B. Pitts, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4286 Conashaugh Lks

City Milford	State PA	Zip Code 18337
-----------------	-------------	-------------------

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

Name of Employer (for Individual) District Council 37, AFSCME	Occupation (for Individual) Grievance Representative
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16813

Amount of Each Receipt this Period
 60.00

Memo Item
 Payroll Deduction

C. Policano, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 340 Haven Ave.
 apt 6f

City New York	State NY	Zip Code 10033
------------------	-------------	-------------------

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

Name of Employer (for Individual) DC 37	Occupation (for Individual) Director Comm.Dept.
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16814

Amount of Each Receipt this Period
 100.00

Memo Item
 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: (check only one)	PAGE 26 OF 36
<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. Powers, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 BRAKEMAN COURT
 City HIGHTSTOWN State NJ Zip Code 08520
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Board of Education (BOE) Occupation (for Individual) CITY LABORER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 480.00

Date of Receipt 11 / 28 / 2016
 Transaction ID : SA11Al.16815
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction

B. Primus, Walthene, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) District Council 37, AFSCME Occupation (for Individual) Grievance Representative
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 460.00

Date of Receipt 11 / 28 / 2016
 Transaction ID : SA11Al.16816
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction

C. Puleo, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Jersey Ave.
 City Miller Pl State NY Zip Code 11764
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) DC37 Occupation (for Individual) Staff
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 11 / 28 / 2016
 Transaction ID : SA11Al.16817
 Amount of Each Receipt this Period 300.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	480.00
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 27 OF 36
	<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. Pyle, Terence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1067 Eastern Pkwy
 1d

City Brooklyn State NY Zip Code 11213

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

Name of Employer (for Individual) DC37 Occupation (for Individual) Local 420 Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11Al.16819

Amount of Each Receipt this Period
 20.00

Memo Item
 Payroll Deduction

B. Reid, Wendell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 29 Marion Ave

City Hartsdale State NY Zip Code 10530

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

Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Council Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11Al.16821

Amount of Each Receipt this Period
 20.00

Memo Item
 Payroll Deduction

C. Roach, Robin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 135-25 Hoover Ave

City Kew Gardens State NY Zip Code 11435

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

Name of Employer (for Individual) DC 37 Occupation (for Individual) General Counsel/Director

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11Al.16822

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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 28 OF 36
	<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. Robles, Jose, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2016 Transaction ID : SA11AI.16823
Mailing Address 65 Malcolm X Blvd. apt. 2B			Amount of Each Receipt this Period 36.00
City New York	State NY	Zip Code 10026	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Payroll Deduction
Name of Employer (for Individual) NYC Health & Hospital Corp		Occupation (for Individual) institutional aide	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rodriquez, Edward, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2016 Transaction ID : SA11AI.16824
Mailing Address 2 Mountain View Dr			Amount of Each Receipt this Period 225.00
City Thiells	State NY	Zip Code 10984	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Payroll Deduction
Name of Employer (for Individual) District Council 37 Local 1549		Occupation (for Individual) President Local 1549	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Roper, Alma, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2016 Transaction ID : SA11AI.16825
Mailing Address 115-24 165th Street			Amount of Each Receipt this Period 45.00
City Jamaica	State NY	Zip Code 11434	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Payroll Deduction
Name of Employer (for Individual) district Council 37		Occupation (for Individual) Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional).....▶	306.00
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 29 OF 36
	<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. Sabater, Kathleen, G, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1566 Macombs Rd

City Bronx	State NY	Zip Code 10452
---------------	-------------	-------------------

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

Name of Employer (for Individual) Dept. of Social Services	Occupation (for Individual) Case Workers
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

Transaction ID : SA11AI.16826

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction

B. Schmidt, Joanne, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1018 Faile St

City Bronx	State NY	Zip Code 10459
---------------	-------------	-------------------

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

Name of Employer (for Individual) NYC Dept of Health	Occupation (for Individual) Family Public Health Nurse
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

Transaction ID : SA11AI.16827

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction

C. Simmons, Kyle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1114 Knollwood Drive

City Tobyhanna	State PA	Zip Code 18466
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) District Council 37, AFSCME	Occupation (for Individual) Grievance Representative
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

Transaction ID : SA11AI.16828

Amount of Each Receipt this Period
80.00

Memo Item
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	160.00
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 30 OF 36
	<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. Smith, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O.BOX 199
 City BRONX State NY Zip Code 10451
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) City University of New York Occupation (for Individual) City Custodial Asst.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16829
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

B. Stein, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 766 Broadway
 City Woodmere State NY Zip Code 15598
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) DC37 Occupation (for Individual) President local 508
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16831
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

C. Stevens, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Board of Higher Ed. State Occupation (for Individual) INFO TECH SR. ASSOCIATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 457.24

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16832
 Amount of Each Receipt this Period 99.40
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	179.40
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 31 OF 36
	<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. Sykes, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 SCHENCK AVENUE
 APT.1A

City GREAT NECK	State NY	Zip Code 11021
--------------------	-------------	-------------------

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

Name of Employer (for Individual) DC37	Occupation (for Individual) DC 37 COUNCIL STAFF EMP
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16835

Amount of Each Receipt this Period
 20.00

Memo Item
 Payroll Deduction

B. Terrelonge, Barbra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 Hull Street

City Brooklyn	State NY	Zip Code 11233
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) District Council 37	Occupation (for Individual) Asst Director Research Dept.
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 490.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16836

Amount of Each Receipt this Period
 40.00

Memo Item
 Payroll Deduction

C. Tucciarelli, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 361 Mill Rd.

City Staten Island	State NY	Zip Code 10306
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) District Council 37, AFSCME	Occupation (for Individual) Grievance Representative
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 11 / 28 / 2016
Transaction ID : SA11AI.16837

Amount of Each Receipt this Period
 90.00

Memo Item
 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 32 OF 36
	<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. Tucker, Esther, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 934 Lincoln Station
 City New York State NY Zip Code 10037
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Grievance Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16838
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

B. Uddin, Maf, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161-17 85th Ave
 City Jamiaca Hills State NY Zip Code 11432
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16839
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

C. Vasquez, Cesar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 969
 City New York State NY Zip Code 10029
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) NYC Board of Education Occupation (for Individual) Community Associate
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16841
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 33 OF 36
	<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. Velasquez, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 Wenlock Street
 City Staten Island State NY Zip Code 10303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NY State Board of Higher Educa Occupation (for Individual) City Laborer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 355.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16842
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction

B. Watkins, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 294 Osborn St
 City Brooklyn State NY Zip Code 11212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC ADMINISTRATIVE SERVICES Occupation (for Individual) CITY CUSTODIAL ASST
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16844
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction

C. Whatley, Cheryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1199 E 53rd Street apt 3f
 City Brooklyn State NY Zip Code 11234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYC Dept of Health Occupation (for Individual) Jr Public Health Nurse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16846
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	220.00
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 34 OF 36
	<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. Wilgenkamp, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2415 wolson Ave
 City Bronx State NY Zip Code 10469
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Asst Divison Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16848
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

B. Williams, Wanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Roy Lane
 City Highland State NY Zip Code 12528
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) District Council 37, AFSCME Occupation (for Individual) Director of Political Action & Legisla
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16849
 Amount of Each Receipt this Period 20.00
 Memo Item
 Payroll Deduction

C. Youman, Mercedes, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) NYC Health Dept. Occupation (for Individual) Public Health Nurse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 28 / 2016
Transaction ID : SA11AI.16850
 Amount of Each Receipt this Period 200.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	240.00
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 35 OF 36
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Young-Pinback, Willie Mae, , ,

Mailing Address 156 south 14th Ave

City Mt Vernon	State NY	Zip Code 10550
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYC HPD	Occupation (for Individual) Real Property Manager
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.40

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		28		2016

Transaction ID : SA11AL16851

Amount of Each Receipt this Period
33.40

Memo Item
 Payroll Deduction

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	33.40
TOTAL This Period (last page this line number only).....▶	5592.45

**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"/> 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)

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

Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement Transfer

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB22.16853

Amount of Each Disbursement this Period: 69177.10

Memo Item

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

Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement Transfer

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : SB22.16854

Amount of Each Disbursement this Period: 13861.46

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	83038.56
TOTAL This Period (last page this line number only).....▶	83038.56