STATEMENT OF **ORGANIZATION**

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FORM 1			
			Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if nar is changed)	me Example:If typing, type over the lines.	12FE4M5
INTERNATIONAL A	ALLIANCE OF THE	ATRICAL STAGE EMPL	OYEES FEDERAL SPEECH PA
		111111111111111111111111111111111111111	
ADDRESS (number and stree	207 WEST 25TH STR	EET	
(Check if address	4TH FLOOR		
is changed)	, NEW YORK		NY 10001
	CITY A		STATE ▲ ZIP CODE ▲
	CITT		STATE ZIP CODE
COMMITTEE'S E-MAIL ADD	DRESS		
(Check if address	dreid@iatse-intl.c	com	
is changed)			
	Optional Second E-M	Alail Address	
COMMITTEE'S WEB PAGE (Check if address is changed)			
2. DATE 05	15 / Y Y Y Y Y 15		
3. FEC IDENTIFICATION	I NUMBER ▶	C C00528455	
4. IS THIS STATEMENT	X NEW (N)	OR AMENDED (A)	
certify that I have examine	ed this Statement and to the	e best of my knowledge and belie	f it is true, correct and complete.
Type or Print Name of Treas	surer JOHN FORD		
Signature of Treasurer J	OHN FORD	[Electronically Filed]	Date 05 15 2013
NOTE: Submission of false, e		mation may subject the person signir	ng this Statement to the penalties of 2 U.S.C. §437
Office Use		For further information Federal Election Comm Toll Free 800-424-9530	

Local 202-694-1100

	EEO F ~	**** 1 (Paying 02/2000)	Page 2
		rm 1 (Revised 02/2009) OMMITTEE	Page 2
		e Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.))
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Cand	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
INTERNATIONAL ALL	IANCE OF THEATRICAL STAGE EMPLOYEES FEDERAL SI	PEECH PAC
6. Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership I	PAC Sponsor
INTERNATIONAL ALLI	IANCE OF THEATRICAL STAGE EMPLOYEES	
Mailing Address	207 WEST 25TH STREET	
	4TH FLOOR	
	NEW YORK NY 10001	
	CITY	- L
	CITY STATE ZIP	CODE
Relationship: X Connected	Organization Affiliated Committee Joint Fundraising Representative Leaders	ship PAC Sponsor
Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in possess	sion of committee
DEBORAH	REID	
Full Name		
Mailing Address	207 WEST 25TH STREET	
	4TH FLOOR	.
	NEW YORK NY 10001	1_1 1
Title or Position	CITY STATE ZIP	CODE
ASSISTANT TREASURER	Telephone number 212 - 730	
B. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name JOHN FOR	D	
of Treasurer		
Mailing Address	207 WEST 25TH STREET	
	4TH FLOOR	
	NEW YORK	[-] , , ,]
	CITY STATE ZIP	CODE
Title or Position TREASURER		

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Full Name of Designated DEB	SORAH REID		
Mailing Address	207 WEST 25TH STREET		
	4TH FLOOR		
	NEW YORK CITY	NY STATE	10001 ZIP CODE
Title or Position ASSISTANT TREASU	RER Telephone num	nber 212	
Banks or Other Deposit safety deposit boxes or Name of Bank, Deposit		ee deposits fur	nds, holds accounts, rents
·			
СН	IASE 277 PARK AVENUE		
·	IASE		
СН	IASE 277 PARK AVENUE	NY	10172
СН	IASE 277 PARK AVENUE 23RD FLOOR	NY	10172 ZIP CODE
СН	IASE 277 PARK AVENUE 23RD FLOOR NEW YORK CITY		
Mailing Address	IASE 277 PARK AVENUE 23RD FLOOR NEW YORK CITY		
Mailing Address Name of Bank, Deposit	277 PARK AVENUE 23RD FLOOR NEW YORK CITY		
Mailing Address	277 PARK AVENUE 23RD FLOOR NEW YORK CITY		
Mailing Address Name of Bank, Deposit	277 PARK AVENUE 23RD FLOOR NEW YORK CITY		