PAGE 1 / 12

Image# 201507309000458329

FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**

	For Other Than An Autr	iorizea Committee	Office U	se Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
AMERICAN FEDERATION OF	F MUSICIANS OF THE UNITE	ED STATES AND CANADA -	TEMPO POLITICAL ACT	ION COMMITTEE
ADDRESS (number and street)	1501 BROADWAY SUITE 60	00		
Check if different	PARAMOUNT BUILDING			
than previously reported. (ACC)	NEW YORK		NY 10036	6
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y ▲	STATE A	ZIP CODE 🛦
C C00073627		EPORT NEW (N) OI	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M 20 (M3) Jun 20 (M		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:		20 (M4) Jul 20 (M7		(Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (0	01)			
July 15 Quarterly Report (C	(C) 12-Day	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
October 15 Quarterly Report (0		(120)	openial (120)	
January 31 Year-End Report (Y	/E) Election	n on	/	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	n on	/ Y = Y = Y	in the State of
5. Covering Period 01		through 06	M / D D / Y Y 30 20	15
I certify that I have examined th	nis Report and to the best of	my knowledge and belief it is	true, correct and comple	te.
Type or Print Name of Treasure	er Mr. SAM FOLIO			
Signature of Treasurer Mr. S	SAM FOLIO	[Electronically Filed]	Date 07 30	
NOTE: Submission of false, erron	eous, or incomplete information	may subject the person signin	g this Report to the penalti	es of 2 U.S.C. §437g.
Office Use Only				FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - TEMPO POLITICAL ACTION COMMITTEE 2015 06 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 23771.76 January 1, 2015 (b) Cash on Hand at 23771.76 Beginning of Reporting Period..... 13059.98 13059.98 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 36831.74 36831.74 6(a) and 6(c) for Column B)..... 9404.41 9404.41

	(subtract Line 7 from Line 6(d))
9.	Debts and Obligations Owed TO
	the Committee (Itemize all on

Cash on Hand at Close of

Reporting Period

Total Disbursements (from Line 31)......

Debis and Obligations Owed 10
the Committee (Itemize all on
Schedule C and/or Schedule D).

10.	Debts and Obligations Owed BY
	the Committee (Itemize all on
	Schedule C and/or Schedule D).

	Ţ	7	Ī	Ţ	7	Ī	Ī	0.00	
Г.								0.00	

27427.33

27427.33

8.

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)

Write or Type Committee Name

AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - TEMPO POLITICAL ACTION COMMITTEE

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:	10101 1110 1 01100	odiolidai Todi to Bato
	(a) Individuals/Persons Other		
	Than Political Committees	205.00	225.00
	(i) Itemized (use Schedule A)	325.00	325.00
	(ii) Unitemized(iii) TOTAL (add	12734.98	12734.98
	Lines 11(a)(i) and (ii)	13059.98	13059.98
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	3.00	0.00
	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
	Totals to Line 33, page 5)	13059.98	13059.98
12.	Transfers From Affiliated/Other		
	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures	,	
	(Refunds, Rebates, etc.)	0.00	
	(Carry Totals to Line 37, page 5)	0.00	0.00
16.	Refunds of Contributions Made		
	to Federal Candidates and Other	0.00	0.00
17	Political Committees Other Federal Receipts	0.00	0.00
17.	(Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds	0.00	7
	(a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(a) Tatal Transfers (add 40(a) and 40(b))	0.00	
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Tatal Descripts (add Lines 44/1)		
19.	Total Receipts (add Lines 11(d),	12050.00	13059.98
	12, 13, 14, 15, 16, 17, and 18(c))▶	13059.98	13003.30
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	13059.98	13059.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	erating Expenditures: Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)			
	Expenditures	452.13	452.13
(c)	Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	452.13	452.13
2. Tra	ansfers to Affiliated/Other Party	7	
	mmitteesntributions to	0.00	0.00
Fed and	deral Candidates/Committees d Other Political Committees	5500.00	5500.00
	lependent Expenditures	0.00	0.00
5. Co	se Schedule E)ordinated Party Expenditures		
(∠ (us	U.S.C. §441a(d)) e Schedule F)	0.00	0.00
6. Loa	an Repayments Made	0.00	0.00
7. Loa	ans Madefunds of Contributions To:	0.00	0.00
	Individuals/Persons Other Than Political Committees	208.00	208.00
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees	7 7 7	
	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	208.00	208.00
9. Oth	ner Disbursements	3244.28	3244.28
	deral Election Activity (2 U.S.C. §431(20)) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(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
1. Tot	al Disbursements (add Lines 21(c), 22,		
23,	, 24, 25, 26, 27, 28(d), 29 and 30(c))	9404.41	9404.41
	al Federal Disbursements		
(su	btract Line 21(a)(ii) and Line 30(a)(ii) m Line 31)	9404.41	9404.41

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	13059.98	13059.98
4. Total Contribution Refunds (from Line 28(d))	208.00	208.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12851.98	12851.98
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	452.13	452.13
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	452.13	452.13

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 6 OF 12 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and sor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF MUSIC COMMITTEE	CIANS OF THE	UNITED STATES AND C	ANADA - TEMPO POLITICAL ACTION
Full Name (Last, First, Middle Initial) Mr. SAM FOLIO Mailing Address 1501 BROADWAY SUITE 600 City NEW YORK FEC ID number of contributing federal political committee. Name of Employer AMERICAN FEDERATION OF MUSICIA Receipt For: Primary General Other (specify)	State NY C Occupation TREASURER Aggregate Ye	Zip Code 10036 ar-to-Date ▼	Date of Receipt 03 27 2015 Transaction ID: SA11AI.65717 Amount of Each Receipt this Period 325.00
Full Name (Last, First, Middle Initial) Mailing Address			Date of Receipt
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼	
Full Name (Last, First, Middle Initial)			Date of Receipt
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer Receipt For:	Occupation	ov to Data W	
Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			325.00
TOTAL This Period (last page this line number	only)		325.00

17

SCHEDULE B (FEC Form 3X)			FOR LI	INE N	_ NONDEIL.		OF	12			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check	only o	ne)			24 25 29 soliciting contribution om such committee. ACTION COMMITTEEN ACTION COMMITTEEN 2015 SB21B.65929 sbursement this Period 79.35 SB21B.65931 sbursement this Period 72.85			
-	Detailed	Summary Page		21b	22	23					26
				27	28a	28b	2	a soliciting contributing from such committee. L ACTION COMMITTEE. L ACTION COMMITTEE. SB21B.65929 Disbursement this P 79. SB21B.65931 Disbursement this P 72. SB21B.65930 Disbursement this P		30b	
Any information copied from such Reports and Statem											i
or for commercial purposes, other than using the nam	ne and addi	ress of any politi	cai committe	ee to s	solicit cor	ntributions	3 from	such d	commit	tee.	
NAME OF COMMITTEE (In Full)	THE HAN			~ - -		OLITIC	۸۱ ۸۵	TION	00141	41 7.	
AMERICAN FEDERATION OF MUSICIANS OF	THE UNI	IEDSTATESA	IND CANAL	JA - []	EMPO F	OLITICA	AL AC	TION	COM	/II I I	EE
Full Name (Last, First, Middle Initial)											
A. OPTIMAL PAYMENTS(MONERIS)	1				Date of	Disburse	ement				
OF THEALT ATMENTO(MONERIO)	1				M M	/ D		Y	ΥΥ	Υ	
Mailing Address P.O. BOX 6600					03		26				
,	State	Zip Code			Trans	action ID) : SB2	21B.659	929		
	MD	21740									
Purpose of Disbursement					Amount	of Each	Dich	ırcomor	at thic	Dorio	v d
Candidate Name				- -	AIIIOUIII	oi ∟acii	טטפוט	ii ociiilel		. 6110	u
			Category, Type	'/					79	9.35	
Office Sought: House Disbursem	nent For:		Турс	-				7			
	Primary	General									
	Other (spec	cify) 🔻									
State: District:		<u> </u>									
Full Name (Last, First, Middle Initial)											
B. OPTIMAL PAYMENTS(MONERIS))				Date of	Disburse	ement				
					M = M	/ D				Υ	
Mailing Address P.O. BOX 6600					05	2	27	2	2015	Ш	
City	State	Zip Code									
•	MD	21740			Trans	action IE) : SB2	21B.659	931		
Purpose of Disbursement				_							
					Amount	of Each	Disbu	ırsemer	nt this	Perio	id
Candidate Name			Category	/				-	7.	2.05	П
			Type			- 7		7	- '	2.85	
Office Sought: House Disbursem											
	Primary	General									
	Other (spec	city) 🔻									
Full Name (Last, First, Middle Initial)					Date of	Disburse	ement				
C. OPTIMAL PAYMENTS(MONERIS)								V	V V -	V	
Mailing Address P.O. BOX 6600				$\overline{}$	м = м 06	/ D)2			1	
,	State	Zip Code			Trans	action IF) · SR1	21B 650	330		
	MD	21740			114113		. 502				
Purpose of Disbursement				$\neg \bot$							
Candidate Name				_	Amount	of Each	Disbu	ırsemer	nt this	Perio	ıd
Canadato Hamo			Category, Type	'/					72	2.24	
Office Sought: House Disbursem	nent For:		Type	-	-	- 7		7			_
	Primary	General									
	Other (spe										
State: District:		-									
<u>'</u>							_		-	_	一
SUBTOTAL of Disbursements This Page (optional)				•					224	1.44	
				_				-			ī
TOTAL This Period (last page this line number only).				•	L.						

S ľ

Transaction ID: SB21B.66023 Any information copied from such Reports and Statements may not be sold or used by any person for the purposes, other than using the name and address of any political committee to solicit contributions from such committee to solicit contributions of the formation of the formation from such contributions f	SCHEDULE B (FEC Form 3X)	H-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	FOR LINE	NUMBER:	PAGE 8 OF 12
Detailed Summary Page 27 28 28 28 28 28 28 28 28 28 28 28 28 28	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	1 `		
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. AMECOFORMITTEE (in Pull Sicilans) of The UNITED STATES AND CANADA - TEMPO POLITICAL ACTION COMMITTEE. Full Name (Last, First, Middle Initial) ACOPTIMAL PAYMENTS (MONERIS) Mailing Address P.O. BOX 6600 City State Zip Code HAGERSTOWN MD 21740 Purpose of Disbursement Candidate Name Category' 71,85, Date of Disbursement this Period Category' 71,85, Date of Disbursement Candidate Name Candidate Name Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category' Type Office Sought: House Primary General Other (specify) Amount of Each Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Candi					
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) AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - TEMPO POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) A. OPTIMAL PAYMENTS(MONERIS) Mailing Address P.O. BOX 6600 City State Zip Code HAGERSTOWN MD 21740 Purpose of Disbursement Candidate Name Office Sought: House President State: District Full Name (Last, First, Middle Initial) B. Date of Disbursement Candidate Name Office Sought: House President Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Date of Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Date of Disbursement this Period Amount of Each Disbursement this Period Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Date of Disbursement this Period Amount of Each Disbursement this Period Amount of Each Disbursement this Period Office Sought: House President Other (specify) ▼ State: Disfirct: Amount of Each Disbursement this Period State: Disfirct: Primary General Other (specify) ▼ State: District Primary General Disbursement For: Senate Primary General Disburseme					
AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - TEMPO POLITICAL ACTION COMMITTED Full Name (Last, First, Middle Initial) A. OPTIMAL PAYMENTS(MONERIS) Mailing Address P.O. BOX 6600 City State Zip Code HAGERSTOWN MD 21740 Purpose of Disbursement Candidate Name Category/ Office Sought: House Disbursement For: Senate President Senate President Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) B. Amount of Each Disbursement this Period Category/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House President State: District: Senate President Other (specify) ▼ State: District: Substate: District: Substate: District: Substate: District: Substate: District: Substate: District: Substate: District: Amount of Each Disbursement this Period Category/ Type Office Sought: House President State: District: Substate: District: Substate: District: Substate: District: Substate: District: Substate: District: Amount of Each Disbursement this Period Category/ Type Office Sought: House President Substate: District: Substate: Distri	Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	ents may not be sold or use e and address of any politica	ed by any pers al committee to	on for the purpo solicit contribu	ose of soliciting contributions itions from such committee.
A. OPTIMAL PAYMENTS(MONERIS) Mailing Address P.O. BOX 6600 City State Zip Code HAGERSTOWN MD 21740 Purpose of Disbursement Candidate Name		THE UNITED STATES AN	ID CANADA -	TEMPO POLI	TICAL ACTION COMMITTEE
Mailing Address P.O. BOX 6600 City	Full Name (Last, First, Middle Initial)				
Mailing Address P.O. BOX 6600 City State Zip Code MD 21740 Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Date of Disbursement Amount of Each Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Category/ Type Thin Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Thin Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Thin Name (Last, First, Middle Initial) Date of Disbursement This Period Category/ Type Thin Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Thin Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Thin Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Thin Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Thin Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Thin Name (Last, First, Middle Initial) Thin Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Thin Name (Last, First, Middle Initial) Thin Name	A. OPTIMAL PAYMENTS(MONERIS)				
HAGERSTOWN Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House Disbursement For: Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Candidate Name Category/ Type Office Sought: House Disbursement For: Candidate Name Office Sought: House Disbursement For: Senate Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ SubstortAL of Disbursements This Page (optional)	Mailing Address P.O. BOX 6600			1	
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Category/ Type Office Sought: House President District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House President District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Candidate Name Other (specify) ▼ Date of Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement Candidate Name Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Candidate Name Office Sought: House Disbursement For: Senate President Disbursement For: Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Substortal of Disbursement This Page (optional)	City	tate Zip Code		Transactio	on ID - CD24D 66022
Candidate Name Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: General Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: General Other (specify) ▼ Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Gandidate Name Category/ Type Office Sought: House Disbursement For: Gandidate Name Category/ Type Office Sought: House Disbursement For: Gandidate Name Category/ Type Office Sought: House Disbursement For: Gandidate Name Category/ Type Office Sought: House Disbursement For: Gandidate Name Category/ Type Office Sought: House Disbursement For: Gandidate Name Category/ Type Office Sought: House Disbursement For: Gandidate Name Category/ Type Office Sought: House Disbursement For: Gandidate Name Category/ Type Office Sought: House Disbursement For: Gandidate Name Category/ Type Office Sought: House Disbursement For: Gandidate Name Category/ Type Office Sought: House Disbursement For: Gandidate Name Category/ Type Office Sought: House Disbursement For: Gandidate Name Category/ Type Office Sought: House Disbursement For: Gandidate Name Category/ Type		MD 21740		Transactio	II ID : 3B21B.00023
Office Sought: House Senate Primary General Other (specify) ▼ B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House Primary General Primary General Other (specify) ▼ Date of Disbursement this Period Category/ Type Office Sought: House President State: District: Full Name (Last, First, Middle Initial) C. Date of Disbursement this Period Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate President Candidate Name Office Sought: House Disbursement For: Senate President Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) ▼ The president Disbursement This Period Other (specify) ▼ Substotal of Disbursements This Page (optional)	Purpose of Disbursement			Amount of E	Each Disbursement this Period
Office Sought: House Senate Primary General Other (specify) ▼ B.	Candidate Name				71.85
B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State: District: Mailing Address City State Zip Code Purpose of Disbursement Hor: Gandidate Name Category/ Type Other (specify) ▼ Date of Disbursement this Period Date of Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement Category/ Type Office Sought: House Primary General Candidate Name Category/ Type Office Sought: House Primary General Candidate Name Category/ Type Office Sought: House Primary General Other (specify) ▼ Substract Substract Amount of Each Disbursement this Period Type Type Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Other (specify) ▼	Senate	Primary General			
B. Date of Disbursement	State: District:				
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substitution State: District: Amount of Each Disbursement this Period Table 1	,			Date of Disk	oursement
Purpose of Disbursement Candidate Name Office Sought:	Mailing Address			M = M /	D
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	City	tate Zip Code			
Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: CIty State Zip Code Purpose of Disbursement Candidate Name Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: Substitution: Type Table 1.85	Purpose of Disbursement			Amount of F	Each Disbursement this Period
Office Sought:	Candidate Name				
Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Subtotal of Disbursements This Page (optional)	Senate President	Primary General	71 -		,
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General President State: District: Substortal of Disbursement This Page (optional)					
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	,				
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Suate: District: Substitute	Mailing Address			M = M /	7 7 7 7 7
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	City	tate Zip Code			
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Purpose of Disbursement				
Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Candidate Name		Category/ Type	Amount of E	each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General	•		
206 20	State. District.				

SCHEDULE B (FEC Form 3X)	11	ala a ala I. ()	FOR LINE I	NUMBER:	R: PAGE 9 O	
ITEMIZED DISBURSEMENTS	Use separate so for each categor		(check only	one)		
	Detailed Summa		21b 27	22 X	23 24 25 28b 28c 29	26
Any information copied from such Deposts and Chita	monte may not be	cold or was d				
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
angle AMERICAN FEDERATION OF MUSICIANS O	F THE UNITED S	TATES AND	CANADA -	TEMPO POL	ITICAL ACTION COMM	IITTEE
/						
Full Name (Last, First, Middle Initial)				Data of Die	sbursement	
A. JUDY CHU FOR CONGRESS						
Mailing Address 6380 WILSHIRE BLVD # 1612				03	27 2015	Y
City	State Zip C			Transacti	ion ID : SB23.65892	
LOS ANGELES Purpose of Disbursement	CA 9004	-8				
POLITICAL CONTRIBUTION		- 1	011	Amount of	Each Disbursement this I	Period
Candidate Name			Category/			
JUDY CHU FOR CONGRESS			Type		1000	0.00
	ment For: 2016	_				
	,	General				
State: CA District: 27	Other (specify)	,				
Full Name (Last, First, Middle Initial)						
B. MIKE HONDA FOR CONGRESS				Date of Dis	sbursement	
				M = M /	D D / Y Y Y	Υ
Mailing Address 300 FIRST STREET STE 350				03	15 2015	
City	State Zip C			Transact	ion ID : SB23.65875	
SAN JOSES Purpose of Disbursement	CA 9511	3				
POLITICAL CONTRIBUTION			011	Amount of	Each Disbursement this I	Period
Candidate Name			Category/			
			Type		500	0.00
	ment For: 2016	'				
	. ,	General				
State: CA District: 17	Other (specify)	,				
Full Name (Last, First, Middle Initial)						
C. PETERSON FOR CONGRESS				Date of Dis	sbursement	
				M M /	D D / Y Y Y	Υ
Mailing Address 26192 Floyd Lake Point Road				03	27 2015	
City	State Zip C	`ode				
Detroit Lakes	MN 5650			Transact	ion ID : SB23.65897	
Purpose of Disbursement						
			011	Amount of	Each Disbursement this I	Period
Candidate Name			Category/		1000	0.00
Office Sought: House Disburse	ment For: 2016		Туре		1000	
Senate Sought.		General				
President	Other (specify)					
State: MN District: 07						
SUBTOTAL of Disbursements This Page (optional).					2500	0.00
TOTAL This Period (last page this line number only)				A-1-1-A-1-1-A	

17

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	_	PAGE	10 C)F 12
ITEMIZED DISBURSEMENTS		te schedule(s) tegory of the	(check only one)					
		mmary Page	21b		X 23	24	25	26
Г			27	28a	28b	28c	29	30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)		o or any ponti	our committee to	3011011 001			Ommine	
AMERICAN FEDERATION OF MUSICIANS OF	THE UNITE	D STATES A	ND CANADA -	TEMPO F	OLITICAL A	ACTION (СОММ	IITTEE
/								
Full Name (Last, First, Middle Initial)								
A. PETERSON FOR CONGRESS				Date of	Disburseme	nt		
Moiling Addross 20100 Floud Lake Beint Book				M M	/ D D		2015	Y
Mailing Address 26192 Floyd Lake Point Road				05	05		.013	_
City	State Z	Zip Code		_				
2 stront Lances	MN :	56501		Irans	action ID : S	B23.6589	5	
Purpose of Disbursement			040				=	
Candidate Name			010	Amount	of Each Dis	bursemen	t this P	'eriod
Candidate Name			Category/ Type				1500.	.00
Office Sought:	nent For: 201	 6	Туре		1	,		
	Primary	General						
President	Other (specify	′) ▼						
State: MN District: 07								
Full Name (Last, First, Middle Initial)					5			
B. SHERMAN FOR CONGRESS					Disburseme			
Mailing Address 555 SO.FLOWER ST. SUITE 4210	.			03	16		2015	Y
Maining / Marcos	,			OO .	10		.010	
•		Zip Code		Trans	action ID : S	B23 6588	9	
LOS ANGELES Purpose of Disbursement	CA	90071					-	
Fulpose of Disbursement			011	Amount	of Each Dis	hursemen	ıt this F	Period
Candidate Name				7 tillount	or Eddir Bio			Onou
SHERMAN FOR CONGRESS			Category/ Type				500	.00
	nent For: 20	16						
	Primary	General						
	Other (specify	') ▼						
State: CA District: 27								
Full Name (Last, First, Middle Initial) C. SLAUGHTER RE-ELECT COMMIT	TC			Date of	Disburseme	nt		
SLAUGITIER RE-LLECT COMMIT	1 -			M M	/ D D		Y	V
Mailing Address 1150 UNIVERSITY AVENUE				03	27		2015	
BLDG 5								
,		Zip Code 14607		Trans	action ID : S	B23.6589	8	
Purpose of Disbursement	111	14007						
POLITICAL CONTRIBUTION			011	Amount	of Each Dis	bursemen	ıt this F	Period
Candidate Name			Category/	-			4000	00
			Туре			7	1000.	.00
	nent For: 201							
Senate President	Primary Other (specify	General						
State: NY District: 25	onier (specil)	') ▼						
20				_				_
SUBTOTAL of Disbursements This Page (optional)							3000.	.00
3 (1 - 27)				_	7			===
TOTAL This Period (last page this line number only)							5500.	.00

SCHEDULE B (FEC Form 3X)	Llee congrate cohor	a/a\	. NOMBETT.	AGE 11 OF 12
ITEMIZED DISBURSEMENTS	Use separate sched for each category of Detailed Summary F	f the Collect on	· — · — —	25 <u>26</u> 29 30
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF MUSICIANS OF				
Full Name (Last, First, Middle Initial) A. AMERICAN PRODUCTS	Date of Disbursement			
Mailing Address 1600 NORTH CLINTON			02 05	2015
ROCHESTER	State Zip Code NY 14621	,	Transaction ID : SB29.	65873
Purpose of Disbursement TEMPO HATS Candidate Name			Amount of Each Disburse	ement this Period
	aont For	Category/ Type		813.12
President	nent For: Primary Gen Other (specify) ▼	eral		
State: District: Full Name (Last, First, Middle Initial) B. COMMUNICATION WORKERS OF Mailing Address 501 3RD STREET NW	F AMERICA		Date of Disbursement M = M / D = D /	Y
City S WASHINGTON	State Zip Code DC 20001)	Transaction ID : SB29.	65916
Purpose of Disbursement PRINTING		001	Amount of Each Disburse	ement this Period
Candidate Name		Category/ Type		860.41
	nent For: Primary Gen Other (specify) ▼	eral		
Full Name (Last, First, Middle Initial) C. TRISTER, ROSS, SCHADLER & G	GOLD, PLLC		Date of Disbursement	Y
Mailing Address 1665 CONNECTICUT AVENUE N.W. FIFTH FLOOR			03 27	2015
,	State Zip Code DC 20009	,	Transaction ID : SB29.	65900
LEGAL SERVICES Candidate Name		007 Category/	Amount of Each Disburse	ement this Period
Office Sought: House Disbursen	nent For:	Type		1137.50
	Primary Gen Other (specify) ▼	eral		
SUBTOTAL of Disbursements This Page (optional)				2811.03
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 12 OF 12
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF MUSICIANS OF			
Full Name (Last, First, Middle Initial)			
TRISTER, ROSS, SCHADLER & G	GOLD, PLLC		Date of Disbursement
Mailing Address 1665 CONNECTICUT AVENUE N.W. FIFTH FLOOR			06 02 2015
•	State Zip Code DC 20009		Transaction ID : SB29.65907
WASHINGTON Purpose of Disbursement	20009		
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	87.50
	nent For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) 3. UPS			Date of Disbursement
Mailing Address P.O. BOX 7247-0244			06 30 2015
,	State Zip Code PA 19170		Transaction ID : SB29.66017
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name	,	Category/ Type	345.75
	nent For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
President	nent For: Primary General Other (specify)	1,500	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		·····	433.25
TOTAL This Period (last page this line number only).		>	3244.28