

**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**

The ASCAP Legislative Fund for The Arts

ADDRESS (number and street) One Lincoln Plaza

Check if different than previously reported. (ACC) New York NY 10023

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

**C** C00228296 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 01/01/2014 through 03/31/2014

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

Type or Print Name of Treasurer Susan Boltersdorf

Signature of Treasurer Susan Boltersdorf [Electronically Filed] Date 04/14/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

The ASCAP Legislative Fund for The Arts

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="2014"/>		68709.38
(b) Cash on Hand at Beginning of Reporting Period.....	68709.38	
(c) Total Receipts (from Line 19) .....	13385.10	13385.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	82094.48	82094.48
7. Total Disbursements (from Line 31).....	22711.15	22711.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	59383.33	59383.33
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**The ASCAP Legislative Fund for The Arts**

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).....	7682.98	7682.98
(ii) Unitemized .....	5702.12	5702.12
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13385.10	13385.10
(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) .....	13385.10	13385.10
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))..... ▶	13385.10	13385.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13385.10	13385.10

**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
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 .....	5711.15	5711.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5711.15	5711.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	17000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22711.15	22711.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22711.15	22711.15

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13385.10	13385.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13385.10	13385.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5711.15	5711.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5711.15	5711.15

**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 16
<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)  
**The ASCAP Legislative Fund for The Arts**

Full Name (Last, First, Middle Initial) <b>A. Susan Boltersdorf</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 <b>Transaction ID : SA11AI.34803</b>
Mailing Address c/o ASCAP 1 Lincoln Plaza		Amount of Each Receipt this Period 1274.04
City New York	State NY	Zip Code 10023
FEC ID number of contributing federal political committee. C		Exempt Acctg Svcs compliance FEC
Name of Employer ASCAP	Occupation Dir Sp Projects	<b>[MEMO ITEM]</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Peter Boyle</b>		Date of Receipt MM / DD / YYYY 02 / 07 / 2014 <b>Transaction ID : SA11AI.34745</b>
Mailing Address 4 Thoreau Drive		Amount of Each Receipt this Period 1000.00
City Plainsboro	State NJ	Zip Code 08536
FEC ID number of contributing federal political committee. C		
Name of Employer ASCAP	Occupation SVP - Chief Economist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Vincent Candilora</b>		Date of Receipt MM / DD / YYYY 01 / 10 / 2014 <b>Transaction ID : SA11AI.34555</b>
Mailing Address 1738 Old Hillsboro Road		Amount of Each Receipt this Period 500.00
City Franklin	State TN	Zip Code 37069
FEC ID number of contributing federal political committee. C		
Name of Employer ASCAP	Occupation SVP - Licensing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The ASCAP Legislative Fund for The Arts**

Full Name (Last, First, Middle Initial) <b>A. Alf Clausen</b>			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> <b>Transaction ID : SA11AI.34404</b>			M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y																
0	1		1	0		2	0	1	4																
Mailing Address 18137 Marilla Street			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>3</td><td>0</td><td>5</td><td>.</td><td>4</td><td>6</td> </tr> </table>			3	0	5	.	4	6														
3	0	5	.	4	6																				
City Northridge	State CA	Zip Code 91325																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Self		Occupation Composer/Conductor																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>3</td><td>0</td><td>5</td><td>.</td><td>4</td><td>6</td> </tr> </table>				3	0	5	.	4	6														
3	0	5	.	4	6																				

Full Name (Last, First, Middle Initial) <b>B. Alf Clausen</b>			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> <b>Transaction ID : SA11AI.34558</b>			M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	1	4
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0	2		1	0		2	0	1	4																
Mailing Address 18137 Marilla Street			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>1</td><td>2</td><td>6</td><td>.</td><td>6</td><td>5</td> </tr> </table>			1	2	6	.	6	5														
1	2	6	.	6	5																				
City Northridge	State CA	Zip Code 91325																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Self		Occupation Composer/Conductor																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>1</td><td>5</td><td>7</td><td>.</td><td>0</td><td>1</td> </tr> </table>				1	5	7	.	0	1														
1	5	7	.	0	1																				

Full Name (Last, First, Middle Initial) <b>C. Karen Dolan</b>			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> <b>Transaction ID : SA11AI.34744</b>			M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	7		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y																
0	2		0	7		2	0	1	4																
Mailing Address 80 Brookwood Drive			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: center;"> <tr> <td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>			5	0	0	.	0	0														
5	0	0	.	0	0																				
City Briarcliff Manor	State NY	Zip Code 10510																							
FEC ID number of contributing federal political committee. C																									
Name of Employer ASCAP		Occupation SVP Industry Affairs																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: center;"> <tr> <td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>				5	0	0	.	0	0														
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td>2</td><td>0</td><td>7</td><td>.</td><td>0</td><td>1</td> </tr> </table>	2	0	7	.	0	1
2	0	7	.	0	1		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>						

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**The ASCAP Legislative Fund for The Arts**

**A. Dan Foliart**  
Full Name (Last, First, Middle Initial)

Mailing Address 2349 El Moreno Street

City La Crescenta State CA Zip Code 91214

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

Name of Employer Self Occupation TV/Film Composer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **818.43**

Date of Receipt **02 / 10 / 2014**

**Transaction ID : SA11AI.34559**

Amount of Each Receipt this Period **710.14**

**B. Philip Glass**  
Full Name (Last, First, Middle Initial)

Mailing Address c/o Bernard Dikman  
1841 Broadway - Rm 500

City New York State NY Zip Code 10023

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

Name of Employer Dunvagen Music Inc Occupation Composer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **440.10**

Date of Receipt **02 / 10 / 2014**

**Transaction ID : SA11AI.34560**

Amount of Each Receipt this Period **381.38**

**C. Jerry Herman**  
Full Name (Last, First, Middle Initial)

Mailing Address c/o Martin Geller CPA  
800 3rd Ave - 19th Fl

City New York State NY Zip Code 10022

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

Name of Employer Self Occupation Composer/Lyricist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **317.27**

Date of Receipt **02 / 10 / 2014**

**Transaction ID : SA11AI.34562**

Amount of Each Receipt this Period **241.77**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1333.29</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 16  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**The ASCAP Legislative Fund for The Arts**

Full Name (Last, First, Middle Initial)  
**A. Mark Katz**

Mailing Address 22 Field Stone Drive

City State Zip Code  
 Katonah NY 10536

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

Name of Employer Occupation  
 ASCAP SVP & CIO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 10 / 2014  
**Transaction ID : SA11AI.34552**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. John LoFrumento**

Mailing Address 5 D'Alessio Court

City State Zip Code  
 Scarsdale NY 10583

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

Name of Employer Occupation  
 ASCAP CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2014  
**Transaction ID : SA11AI.34776**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Lynne Lummel**

Mailing Address 338 W 71st Street

City State Zip Code  
 New York NY 10023

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

Name of Employer Occupation  
 ASCAP VP Distribution & Repertory

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 10 / 2014  
**Transaction ID : SA11AI.34551**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 16  
(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)  
**The ASCAP Legislative Fund for The Arts**

**A. Richard Reimer**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 West 70th Street  
Apt 16D

City New York State NY Zip Code 10023

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

Name of Employer ASCAP Occupation VP Legal Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 10 / 2014  
Transaction ID : SA11AI.34554

Amount of Each Receipt this Period  
500.00

**B. Stephen Sondheim**  
Full Name (Last, First, Middle Initial)

Mailing Address 246 East 49th Street

City New York State NY Zip Code 10017

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

Name of Employer Self Occupation Composer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.20

Date of Receipt  
02 / 10 / 2014  
Transaction ID : SA11AI.34561

Amount of Each Receipt this Period  
279.58

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	779.58
<b>TOTAL</b> This Period (last page this line number only).....▶	7682.98

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

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NAME OF COMMITTEE (In Full)  
**The ASCAP Legislative Fund for The Arts**

Full Name (Last, First, Middle Initial)

**A. Chase Paymentech**

Mailing Address 4 Northeastern Boulevard

City Salem State NH Zip Code 03079

Purpose of Disbursement  
bank fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2014

**Transaction ID : SB21B.34750**

Amount of Each Disbursement this Period

225.93

**B. Chase Paymentech**

Full Name (Last, First, Middle Initial)

Mailing Address 4 Northeastern Boulevard

City Salem State NH Zip Code 03079

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2014

**Transaction ID : SB21B.34801**

Amount of Each Disbursement this Period

249.17

**C. Perkins Coie LLP**

Full Name (Last, First, Middle Initial)

Mailing Address 1201 Third Avenue  
Suite 4900

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
Legal Fees - re FEC RR13L-09

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2014

**Transaction ID : SB21B.34797**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5475.10

5475.10

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

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NAME OF COMMITTEE (In Full)

**The ASCAP Legislative Fund for The Arts**

Full Name (Last, First, Middle Initial)

**A. AL FRANKEN FOR SENATE 2014**

Mailing Address PO BOX 583144

City MINNEAPOLIS State MN Zip Code 55458

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

**Transaction ID : SB23.34790**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. BLUMENTHAL FOR CONNECTICUT**

Mailing Address C/O CACACE TUSCH & SANTAGATA  
777 SUMMER ST SUITE 103

City STAMFORD State CT Zip Code 06901

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

**Transaction ID : SB23.34783**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. CHRIS COONS FOR DELAWARE**

Mailing Address PO BOX 9900

City NEWARK State DE Zip Code 19714

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: DE District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

**Transaction ID : SB23.34786**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶

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

4500.00
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# 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 type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The ASCAP Legislative Fund for The Arts

Full Name (Last, First, Middle Initial)

**A. COHEN, STEPHEN IRA**

Mailing Address 349 KENILWORTH

City MEMPHIS State TN Zip Code 38112

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TN District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	14	/	2014

Transaction ID : SB23.34780

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. COMMON GROUND PAC**

Mailing Address 1490 QUARTERPATH ROAD  
NUMBER 272

City WILLIAMSBURG State VA Zip Code 23185

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2014

Transaction ID : SB23.34781

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. CROWLEY FOR CONGRESS**

Mailing Address 84-56 GRAND AVENUE

City ELMHURST State NY Zip Code 11373

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SB23.34788

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶

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

3000.00
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**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 type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**The ASCAP Legislative Fund for The Arts**

Full Name (Last, First, Middle Initial)

**A. Friends of Schumer**

Mailing Address 1551 EAST 23RD STREET

City BROOKLYN State NY Zip Code 11210

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SB23.34794**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. GREEN MOUNTAIN PAC**

Mailing Address PO Box 1142

City Montpelier State VT Zip Code 05601

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SB23.34796**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. JUDY CHU FOR CONGRESS**

Mailing Address 6380 WILSHIRE BLVD # 1612

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 27

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	14	/	2014

**Transaction ID : SB23.34785**

Amount of Each Disbursement this Period

1500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4500.00
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**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 type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**The ASCAP Legislative Fund for The Arts**

Full Name (Last, First, Middle Initial)

**A. KLOBUCHAR FOR MINNESOTA**

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2014

Transaction ID : SB23.34792

Amount of Each Disbursement this Period

2000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. SCHIFF FOR CONGRESS**

Mailing Address 777 S. FIGUEROA ST., STE. 4050

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 28

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2014

Transaction ID : SB23.34793

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. TED DEUTCH FOR CONGRESS COMMITTEE**

Mailing Address 1050 17TH ST, NW, STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 21

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2014

Transaction ID : SB23.34789

Amount of Each Disbursement this Period

1000.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4000.00

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

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NAME OF COMMITTEE (In Full)

**The ASCAP Legislative Fund for The Arts**

Full Name (Last, First, Middle Initial)

**A. WHITEHOUSE FOR SENATE**

Mailing Address P.O. BOX 40280

City PROVIDENCE State RI Zip Code 02940

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: RI District: 00

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2014

**Transaction ID : SB23.34795**

Amount of Each Disbursement this Period

1000.00
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**B.**

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

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

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**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

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

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1000.00
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17000.00
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