PAGE 1 / 9

Image# 12952269535

**FEC** FORM 3Y

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

TORW 3X	For Other Than An	Authorized Committe	ee		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Example: If typin	a, type	10004345	James Coo Only	
COMMITTEE (in full)	·	over the lines.	.9, 1, p 0	12FE4M5		
Los Angeles African	American Women F	PAC				
ADDRESS (number and street	4120 Don Ibarra Pl					
Check if different						
than previously reported. (ACC)	Los Angeles			LAA L	90008	
2. FEC IDENTIFICATION	NUMBER ▼	CITY 🛦	S	STATE 🛦	ZIP CO	DE 🛦
C C00365098	3		IEW N) <b>OR</b>	× AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	un 20 (M6)	Sep	20 (M9)	Year Only)  Dec 20 (M12) (Non-Election Year Only)
	П	Apr 20 (M4)	ul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
X April 15 Quarterly Repo	rt (Q1) (c) 12-Day	Primary (12P	\	Conoral	(12C)	Runoff (12R)
July 15 Quarterly Repo	PRF-Election			General (		nulloli (12h)
October 15 Quarterly Report		c. Convention (				
January 31 Year-End Repo	rt (YE)	ection on	D D /	Y    Y    Y    Y	in the State o	ıf
July 31 Mid-Yea Report (Non-ele Year Only) (MY	ection (d) 30-Day	· ·	i)	Runoff (3	0R)	Special (30S)
Termination Rep (TER)	port	ection on	D D /	Y = Y = Y	in the State o	ıf
5. Covering Period		12 through	03	/ 31_ /	2012	
I certify that I have examine	d this Report and to the bes	st of my knowledge and b	elief it is true	e, correct and	complete.	
Type or Print Name of Treas	surer Velma Marshall					
Signature of Treasurer	/elma Marshall	[Electronically	Filed] Da	ate 07	/ 07 /	2012
NOTE: Submission of false, e	rroneous, or incomplete inform	nation may subject the pers	on signing thi	s Report to th	ie penalties of 2 l	J.S.C. §437g.
Office	·			·	FEC FOR	
Use Only					Rev. 12/20	

# SHMMARY DAGE

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		1 ago <b>_</b>
Los Angeles African American \	Women PAC	
Report Covering the Period: From:	01 / 01 / 2012 To:	03 / D D / Y D Y D Y D Y D Y D Y D Y D Y D
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		1791.62
(b) Cash on Hand at  Beginning of Reporting Period	1791.62	
(c) Total Receipts (from Line 19)	725.00	725.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2516.62	2516.62
7. Total Disbursements (from Line 31)	587.50	587.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1929.12	1929.12
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY     the Committee (Itemize all on     Schedule C and/or Schedule D)	0.00	
This committee has qualified as a mu	ulticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

## **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

# Los Angeles African American Women PAC

Rep	port Covering the Period: From:	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	03 31 2012
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees		
	(i) Itemized (use Schedule A)	480.00	480.00
	(ii) Unitemized(iii) TOTAL (add	245.00	245.00
	Lines 11(a)(i) and (ii)	725.00	725.00
	(b) Political Party Committees	0.00	0.00
Ì	(such as PACs)d) Total Contributions (add Lines	0.00	0.00
12	11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)   Fransfers From Affiliated/Other	725.00	725.00
	Party Committees	0.00	0.00
13. /	All Loans Received	0.00	0.00
15. (	Oan Repayments Received	0.00	0.00
16. F	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
F	o Federal Candidates and Other  Political Committees  Other Federal Receipts	0.00	0.00
18. <sup>-</sup>	Dividends, Interest, etc.)	0.00	0.00
(	(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
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	725.00	725.00
	Total Federal Receipts Subtract Line 18(c) from Line 19)▶	725.00	725.00

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		Total This Period			
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Astivity (from School LLA)		Total Tillo I Ollow	Calendar Year-to-Date		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
	(i) i ederal Share		7		
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating				
	Expenditures	487.50	487.50		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	487.50	487.50		
	Transfers to Affiliated/Other Party	107.00	401.00		
	Committees	0.00	0.00		
	Contributions to Federal Candidates/Committees and Other Political Committees	100.00	100.00		
	Independent Expenditures				
	(use Schedule E)	0.00	0.00		
	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
	(use Schedule F)	0.00	0.00		
	Loan Repayments Made	0.00	0.00		
	Loans Made	0.00	0.00		
	Refunds of Contributions To:	7			
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees	0.00	0.00		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
	Other Disbursements	0.00	0.00		
	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	0.00	0.00		
	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		
	2.1100 00(a)(i), 00(a)(ii) and 00(b)) P				
	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	587.50	587.50		
	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	507.50	F07.50		
	from Line 31)	587.50	587.50		

### **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)	725.00	725.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	725.00	725.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	487.50	487.50
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	487.50	487.50

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

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

FOF	LINE	NU	MBER	:	PAGE	6	OF	9	
(che	ck only	or	ne)						
×	11a		11b		11c	12			
	13		14		15	16		17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full)  Los Angeles African American V	Vomen PAC	
۹.	Full Name (Last, First, Middle Initial) Willis Edwards Mailing Address 4120 Don Ibarra Place		Date of Receipt
	City Los Angeles  FEC ID number of contributing federal political committee.  Name of Employer  Retired  Receipt For:  Primary General Other (specify)	State Zip Code CA 90008  C  Occupation Retired  Aggregate Year-to-Date ▼	Transaction ID : SA11AI.4105  Amount of Each Receipt this Period  120.00
3.	Full Name (Last, First, Middle Initial)  Jackie Hawthorne  Mailing Address 4120 Con Ibarra Place  City  Los Angeles  FEC ID number of contributing federal political committee.  Name of Employer  Retired  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code CA 90008  C  Occupation Retired  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O3 24 2012  Transaction ID: SA11AI.4103  Amount of Each Receipt this Period
٥.	Full Name (Last, First, Middle Initial)  Melanee Newkirk  Mailing Address 5307 Village Green  City Los Angeles  FEC ID number of contributing federal political committee.  Name of Employer  Finance Officer  Receipt For:  Primary General Other (specify)	State Zip Code CA 90016  C  Occupation City of LA  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	360.00
Т	OTAL This Period (last page this line number of	only)	

## SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE OF

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13	or	ne) 11b 14		11c 15	$\vdash$	12 16		17
ny information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the p	our	pose o	f sc	liciting	cor	ntributio	ons	

A 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) Los Angeles African American Women PAC Full Name (Last, First, Middle Initial) Venita Strange Date of Receipt Mailing Address 1458 North Avenue 57 2012 City State Zip Code Transaction ID: SA11AI.4107 CA Los Angeles 90042 Amount of Each Receipt this Period FEC ID number of contributing C 120.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City Zip Code State Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... 480.00 TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page    Summary Page	SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 8 OF 9		
Detailed Summary Page 22 20 20 30 30 30 30 30 30 30 30 30 30 30 30 30	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	20		
Internation copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.  NAME OF COMMITTEE (in Full)  Los Angeles African American Women PAC  Full Name (Last, First, Middle Initial)  The McKinnor Group  Mailing Address 4001 Inglewood Ave., Bidg. 101, St  City  Redondo Beach  Candidate Name  Candidate Name  Clast, First, Middle Initial)  Date of Disbursement  Consultant  Candidate Name  Clast, First, Middle Initial)  District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Condidate Name  Category/ Type  Date of Disbursement  Candidate Name  Category/ Type  Date of Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Candidate Name  Category/ Type  Date of Disbursement this Period  Category/ Type  Date			_ L				
NAME OF COMMITTEE (in Full)  Los Angeles African American Women PAC  Full Name (Last, First, Middle Initial)  The McKinnor Group  Mailing Address 4001 Inglewood Ave., Bidg. 101, St  City State Zip Code Redondo Beach CA 90278  Purpose of Disbursement Consultant  Claidign Name  Clast, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Office Sought: House Senate President District: Full Name (Last, First, Middle Initial)  Date of Disbursement  Candidate Name  Category/ Type  Date of Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Categor	Any information copied from such Reports and States	I nents may not be sold or us					
Los Angeles African American Women PAC  Full Name (Last, First, Middle Initial)  The McKinnor Group  Mailing Address 4001 Inglewood Ave., Bldg. 101, St.  City  State  CA  90278  Purpose of Disbursement  Consultant  Condidate Name  Category'  Full Name (Last, First, Middle Initial)  Mailing Address  City  State  Disbursement For:  State:  District:  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Category'  Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category'  Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category'  Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category'  Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category'  Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category'  Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category'  Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category'  Type  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Amount of Each Disbursement this Period  Amount of	or for commercial purposes, other than using the name	ne and address of any politi	cal committee to	solicit contribut	tions from such committee.		
Full Name (Last, First, Middle Initial)  - The McKinnor Group  Mailing Address 4001 Inglewood Ave., Bidg. 101, St  City State Zip Code Redondo Beach CA 90278  Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement this Period  Category: Type  District:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  District:  Date of Disbursement this Period  Category: Type  Date of Disbursement  Date of Disbursement  Amount of Each Disbursement this Period  Category: Type  Date of Disbursement  Date of Disbursement  Candidate Name  Category: Type  Date of Disbursement  Category: Type  Date of Disbursement  Amount of Each Disbursement  Date of Disbursement  Date							
Mailing Address 4001 Inglewood Ave., Bidg. 101, St  City State Zip Code Redondo Beach CA 90278  Purpose of Disbursement Consultant  Consultant  Condidate Name  Category Office Sought: House Primary General	/ Los Angeles African American Wor	men PAC					
Mailing Address 4001 Inglewood Ave., Bidg. 101, St  City State Zip Code CA 90278  Purpose of Disbursement Consultant Office Sought:  Full Name (Last, First, Middle Initial)  State:  Disbursement Candidate Name  Category  Office Sought:  Full Name (Last, First, Middle Initial)  State:  Disbursement  Candidate Name  Category  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category  Type  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Candidate Name  Category  Office Sought:  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Category  Office Sought:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Amount of Each Disbursement this Period				5 :			
City State Zip Code Purpose of Disbursement Candidate Name  City State Zip Code Purpose of Disbursement Candidate Name  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Category/ President State: District:  Candidate Name  Category/ Primary General Other (specify) ▼  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ A97.50  Transaction ID: SB21B.4115  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Amount of Each Disbursement  Candidate Name  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement  Candidate Name  Category/ Type  Category/ Type  Date of Disbursement  Candidate Name  Category/ Type  Date of Disbursement  Category/ Type  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Date of Disbu	- The McKinnor Group	e McKinnor Group					
Redondo Beach CA 90278  Transaction ID : SB218.4115  Purpose of Disbursement Candidate Name  Candidate Name  District:  Full Name (Last, First, Middle Initial)  Candidate Name  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Amount of Each Disbursement  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  District:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Category/ Type  Date of Disbursement  Date of Disburse	Mailing Address 4001 Inglewood Ave., Bldg. 101, St	t					
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Candidate Name  Category/ Type  Amount of Each Disbursement this Period  Category/ Type  Disbursement For: Senate Prissiont State: District:  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Date of Disbursement  Date of Disb	Redondo Beach			rransactio	. שו וו 4110 . שו וו		
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Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  President Other (specify) ▼  Mailing Address  City State Zip Code  Purpose of Disbursement this Period  State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate President State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State Zip Code  Purpose of Disbursement This Page (optional)    Amount of Each Disbursement this Period  Other (specify) ▼  Amount of Each Disbursement this Period  Other (specify) ▼  Amount of Each Disbursement this Period	Office Sought	nent For			UC.10 <del>1</del>		
State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General President District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Amount of Each Disbursement this Period Category/ Type  Other (specify)   Amount of Each Disbursement this Period Category/ Type  Category/ Type  Other (specify)   Amount of Each Disbursement this Period Category/ Type  Category/ Type  Other (specify)   Category/ Type  Other (specify)   Amount of Each Disbursement this Period Category/ Type  Other (specify)   Amount of Each Disbursement this Period Category/ Type  Other (specify)   Category/ Type  Other (specify)   Amount of Each Disbursement this Period Category/ Type  Other (specify)   Amount of Each Disbursement this Period Category/ Type  Other (specify)   Amount of Each Disbursement this Period Category/ Type  Other (specify)   Amount of Each Disbursement this Period Category/ Type  Other (specify)   Amount of Each Disbursement this Period Category/ Type							
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Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Other (specify)   Mailing Address  City State Zip Code  President Other (specify)   Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement  Category/ Type  Office Sought: House Senate Primary General Other (specify)   State: District:  Substock  Disbursement For: Senate Primary General Other (specify)   Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify)   Substock  Substock  Amount of Each Disbursement this Period							
Date of Disbursement  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Other (specify)   Mailing Address  City State Zip Code  President Other (specify)   Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement this Period  Category/ Type  Date of Disbursement this Period  Amount of Each Disbursement  Category/ Type  Office Sought: House Senate Primary General Other (specify)   State: District:  Substock  Disbursement For: Senate Primary General Other (specify)   Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate Primary General Other (specify)   Substock  Substock  Amount of Each Disbursement this Period							
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  District:  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Date of Disbursement  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Amount of Each Disbursement  Amount of Each Disbursement  Date of Disbursement  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Subtrotal of Disbursements This Page (optional)	3.						
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate President District:  Full Name (Last, First, Middle Initial)  Category/ Type  Other (specify) ▼  Date of Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement  Category/ Type  Date of Disbursement  Category/ Type  Amount of Each Disbursement  Amount of Each Disbursement  Amount of Each Disbursement  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Substrotal of Disbursements This Page (optional)	Mailing Address			M = M /	D D / Y T Y T Y		
Purpose of Disbursement  Candidate Name  Office Sought:	Maning Address						
Candidate Name    Category/ Type	City	State Zip Code					
Candidate Name    Category/ Type	Purpose of Disbursement						
Candidate Name  Category/ Type  Office Sought:	, 111 3. 1.355.00mom			Amount of E	ach Disbursement this Period		
Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Candidate Name  Disbursement For:  Senate Primary General  Category/ Type  Office Sought: House Disbursement For:  Senate Primary General  Other (specify)   Amount of Each Disbursement this Period  State: District:  Substitute: District:  Substitute: Disbursements This Page (optional)	Candidate Name		Category/				
Senate Primary General Other (specify) V  State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Other (specify) V  State: District:  Substitute District: Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Other (specify) V  487.50							
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TOTAL This Period (last page this line number only)	SUBIUIAL of Disbursements This Page (optional)		······		407.00		
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF					
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only					
	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 🔲 25 🖂 26				
	_ standa danimary r ago	27	28a 28b 28c 29 30				
Any information copied from such Reports and Staten							
or for commercial purposes, other than using the name	ne and address of any politic	ai committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	man DAC						
Los Angeles African American Wol	nen PAC						
Full Name (Last, First, Middle Initial)			Data of Dishurasment				
A. EMILY'S LIST			Date of Disbursement				
Mailing Address 1120 CONNECTICUT AVENUE N	V		02 11 2012				
STE 1100							
•	State Zip Code DC 20036		Transaction ID : SB23.4119				
WASHINGTON Purpose of Disbursement	DC 20036						
Contribution			Amount of Each Disbursement this Period				
Candidate Name		Category/					
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Office Sought: House Disburser							
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2.2.2.							
SUBTOTAL of Disbursements This Page (optional)			100.00				
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TOTAL This Period (last page this line number only)			100.00				