

# 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

AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - LEGISLATIVE ACTION FUND

ADDRESS (number and street) 1501 BROADWAY SUITE 600  
PARAMOUNT BUILDING  
NEW YORK NY 10036

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00073627

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2011 through [MM] / [DD] / [YYYY] 12 / 31 / 2011

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 Mr. SAM FOLIO

Signature of Treasurer Mr. SAM FOLIO [Electronically Filed] Date [MM] / [DD] / [YYYY] 01 / 31 / 2012

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

Office Use Only									
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**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 - LEGISLATIVE ACTION FUND

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="2011"/>	<input type="text"/>	<input type="text" value="4887.46"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="11745.56"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10884.25"/>	<input type="text" value="25552.21"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="22629.81"/>	<input type="text" value="30439.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12036.53"/>	<input type="text" value="19846.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="10593.28"/>	<input type="text" value="10593.28"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - LEGISLATIVE ACTION FUND

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).....	1960.00	1960.00
(ii) Unitemized .....	8924.25	23592.21
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10884.25	25552.21
(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) .....	10884.25	25552.21
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))..... ▶	10884.25	25552.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10884.25	25552.21

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	1491.53	1801.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1491.53	1801.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	18000.00
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 .....	45.00	45.00
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)) ..	12036.53	19846.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12036.53	19846.39

**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) .....	10884.25	25552.21
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10884.25	25552.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1491.53	1801.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1491.53	1801.39

**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 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - LEGISLATIVE ACTION FUND**

**A. DENNIS DREITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 817 VINE ST  
 City HOLLYWOOD State CA Zip Code 90038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LOCAL 47 Occupation MUSICIAN  
 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  
**11 / 30 / 2011**  
**Transaction ID : SA11AI.50375**  
 Amount of Each Receipt this Period  
**1000.00**

**B. MS RACHEL GOLDSTEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1414 N. WELLS STREET, #308  
 City CHICAGO State IL Zip Code 60610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer local 10-208 Occupation MUSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **475.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2011**  
**Transaction ID : SA11AI.49992**  
 Amount of Each Receipt this Period  
**275.00**

**C. MS CATHERINE PAYNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 751-23RD AVENUE  
 City SAN FRANCISCO State CA Zip Code 94121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LOCAL 6 Occupation MUSICIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2011**  
**Transaction ID : SA11AI.49993**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1525.00</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: (check only one)	PAGE 7 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)  
**AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - LEGISLATIVE ACTION FUND**

**A. LAURA ROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1609 TAMMARY DR.  
 City NASHVILLE State TN Zip Code 37206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNITY CONFERENCE Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2011  
**Transaction ID : SA11AI.50031**  
 Amount of Each Receipt this Period  
 30.00

**B. LAURA ROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1609 TAMMARY DR.  
 City NASHVILLE State TN Zip Code 37206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNITY CONFERENCE Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2011  
**Transaction ID : SA11AI.50037**  
 Amount of Each Receipt this Period  
 40.00

**C. LAURA ROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1609 TAMMARY DR.  
 City NASHVILLE State TN Zip Code 37206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNITY CONFERENCE Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2011  
**Transaction ID : SA11AI.50043**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<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: (check only one)	PAGE 8 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)  
**AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - LEGISLATIVE ACTION FUND**

**A. LAURA ROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1609 TAMMARY DR.  
 City NASHVILLE State TN Zip Code 37206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNITY CONFERENCE Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2011  
**Transaction ID : SA11AI.50046**  
 Amount of Each Receipt this Period  
 40.00

**B. LAURA ROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1609 TAMMARY DR.  
 City NASHVILLE State TN Zip Code 37206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNITY CONFERENCE Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2011  
**Transaction ID : SA11AI.50054**  
 Amount of Each Receipt this Period  
 20.00

**C. LAURA ROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1609 TAMMARY DR.  
 City NASHVILLE State TN Zip Code 37206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNITY CONFERENCE Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2011  
**Transaction ID : SA11AI.50063**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<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: (check only one)	PAGE 9 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - LEGISLATIVE ACTION FUND**

**A. LAURA ROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1609 TAMMARY DR.  
 City NASHVILLE State TN Zip Code 37206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNITY CONFERENCE Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2011  
**Transaction ID : SA11AI.50563**  
 Amount of Each Receipt this Period  
 300.00

**B. LAURA ROSS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1609 TAMMARY DR.  
 City NASHVILLE State TN Zip Code 37206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNITY CONFERENCE Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 413.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : SA11AI.50612**  
 Amount of Each Receipt this Period  
 13.00

**C. LOVIE SMITH-WRIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 609 CHENEVERT  
 City HOUSTON State TX Zip Code 77003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LOCAL 65-699 Occupation MUSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : SA11AI.50620**  
 Amount of Each Receipt this Period  
 13.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	56.00
<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: (check only one)	PAGE 10 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)  
AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - LEGISLATIVE ACTION FUND

**A. LOVIE SMITH-WRIGHT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 609 CHENEVERT

City HOUSTON	State TX	Zip Code 77003
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 65-699	Occupation MUSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : SA11AI.50625**

Amount of Each Receipt this Period  
13.00

**B. LOVIE SMITH-WRIGHT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 609 CHENEVERT

City HOUSTON	State TX	Zip Code 77003
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 65-699	Occupation MUSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : SA11AI.50628**

Amount of Each Receipt this Period  
13.00

**C. LOVIE SMITH-WRIGHT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 609 CHENEVERT

City HOUSTON	State TX	Zip Code 77003
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 65-699	Occupation MUSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 421.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2011  
**Transaction ID : SA11AI.50634**

Amount of Each Receipt this Period  
183.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	209.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1960.00

**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 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)  
**AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - LEGISLATIVE ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO RE-ELECT HENRY HANK JOHNSON**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		22		2011

Mailing Address 6440 Old Hillandale Drive  
Suite 262

**Transaction ID : SB21B.50665**

City Lithonia State GA Zip Code 30058

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
ELECTION

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. OPTIMAL PAYMENTS(MONERIS)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		05		2011

Mailing Address P.O. BOX 6600

**Transaction ID : SB21B.50642**

City HAGERSTOWN State MD Zip Code 21740

Amount of Each Disbursement this Period

44.97
-------

Purpose of Disbursement  
ONLINE BANK FEES JULY 2011

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. OPTIMAL PAYMENTS(MONERIS)**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2011

Mailing Address P.O. BOX 6600

**Transaction ID : SB21B.50641**

City HAGERSTOWN State MD Zip Code 21740

Amount of Each Disbursement this Period

51.92
-------

Purpose of Disbursement  
ONLINE BANK FEES AUGUST 2011

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

596.89
--------

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

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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 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)  
**AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - LEGISLATIVE ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. OPTIMAL PAYMENTS(MONERIS)**

Mailing Address P.O. BOX 6600

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
ONLINE BANK FEES SEPTEMBER 2011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2011

Transaction ID : **SB21B.50640**

Amount of Each Disbursement this Period

71.85
-------

Full Name (Last, First, Middle Initial)

**B. OPTIMAL PAYMENTS(MONERIS)**

Mailing Address P.O. BOX 6600

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
ONLINE BANK FEES OCTOBER 2011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	03	/	2011

Transaction ID : **SB21B.50639**

Amount of Each Disbursement this Period

71.85
-------

Full Name (Last, First, Middle Initial)

**C. OPTIMAL PAYMENTS(MONERIS)**

Mailing Address P.O. BOX 6600

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
ONLINE BANK FEES NOVEMBER 2011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	03	/	2011

Transaction ID : **SB21B.50638**

Amount of Each Disbursement this Period

71.85
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

215.55
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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 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)  
AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - LEGISLATIVE ACTION FUND

Full Name (Last, First, Middle Initial)

**A. OPTIMAL PAYMENTS(MONERIS)**

Mailing Address P.O. BOX 6600

City HAGERSTOWN State MD Zip Code 21740

Purpose of Disbursement  
ONLINE BANK FEES DECEMBER 2011

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2011			

Transaction ID : SB21B.50635

Amount of Each Disbursement this Period

71.85
-------

Full Name (Last, First, Middle Initial)

**B. STERLING FORMS & COMPUTER**

Mailing Address 326 WEST MAIN ST.

City MILFORD State CT Zip Code 06460

Purpose of Disbursement  
RAFFLE BOOKS

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2011			

Transaction ID : SB21B.50674

Amount of Each Disbursement this Period

467.73
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

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)..... ▶

539.58
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1352.02
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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)  
**AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - LEGISLATIVE ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. BERMAN FOR CONGRESS**

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
ELECTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 28

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2011

**Transaction ID : SB23.50653**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**B. BETTY SUTTON FOR CONGRESS**

Mailing Address 1700 W Market St #155

City Akron State OH Zip Code 44313

Purpose of Disbursement  
ELECTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2011

**Transaction ID : SB23.50660**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Mailing Address 601 S GLENOAKS BLVD  
SUITE 211

City BURBANK State CA Zip Code 91502

Purpose of Disbursement  
ELECTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 39

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		19		2011

**Transaction ID : SB23.50646**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4000.00
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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)  
**AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - LEGISLATIVE ACTION FUND**

Full Name (Last, First, Middle Initial) <b>A. CONYERS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2011
Mailing Address 1031 N EDGEWOOD STREET		<b>Transaction ID : SB23.50654</b>
City ARLINGTON State VA Zip Code 22201	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement ELECTION	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MI District: 14	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF CAROLYN MCCARTHY</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2011
Mailing Address 151 LINDEN ROAD		<b>Transaction ID : SB23.50649</b>
City MINEOLA State NY Zip Code 11501	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement ELECTION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. GREEN MOUNTAIN PAC</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2011
Mailing Address PO Box 1142		<b>Transaction ID : SB23.50655</b>
City Montpelier State VT Zip Code 05601	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement ELECTION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)  
**AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - LEGISLATIVE ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. HATCH ELECTION COMMITTEE INC**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code  
SALT LAKE CITY UT 84101

Purpose of Disbursement  
ELECTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: UT District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 19 / 2011

**Transaction ID : SB23.50644**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. NADLER FOR CONGRESS**

Mailing Address VILLAGE STATION, PO BOX 40

City State Zip Code  
NEW YORK NY 10014

Purpose of Disbursement  
ELECTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 08

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2011

**Transaction ID : SB23.50651**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. QUIGLEY FOR CONGRESS**

Mailing Address PO Box 13040

City State Zip Code  
Chicago IL 60613

Purpose of Disbursement  
ELECTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IL District: 05

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2011

**Transaction ID : SB23.50652**

Amount of Each Disbursement this Period

500.00

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

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

2500.00



**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)  
**AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA - LEGISLATIVE ACTION FUND**

Full Name (Last, First, Middle Initial)

**A. SCHIFF FOR CONGRESS**

Mailing Address 777 S. Figueroa St.  
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement  
ELECTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 29

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2011

**Transaction ID : SB23.50657**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. WHITEHOUSE FOR SENATE**

Mailing Address P.O. BOX 40280

City PROVIDENCE State RI Zip Code 02940

Purpose of Disbursement  
ELECTION

Candidate Name

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

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2011

**Transaction ID : SB23.50658**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

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)..... ▶

1500.00
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10500.00
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