

# 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

Los Angeles African American Women PAC

ADDRESS (number and street) 4120 Don Ibarra Pl

Check if different than previously reported. (ACC) Los Angeles AA 90008

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

C C00365098

3. IS THIS REPORT NEW (N) OR AMENDED (A)  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)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

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

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] 01 / 01 / 2012 through [MM] / [DD] / [YYYY] 03 / 31 / 2012

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 Velma Marshall

Signature of Treasurer Velma Marshall [Electronically Filed] Date 07 / 10 / 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 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Los Angeles African American Women PAC**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period              | COLUMN B<br>Calendar Year-to-Date    |
|--|--------------------------------------|--------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2012"/>  | <input type="text" value="1791.62"/> | <input type="text" value="1791.62"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="1791.62"/> |                                      |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="1683.38"/> | <input type="text" value="1683.38"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="3475.00"/> | <input type="text" value="3475.00"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="587.50"/>  | <input type="text" value="587.50"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="2887.50"/> | <input type="text" value="2887.50"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>    |                                      |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

**Los Angeles African American Women PAC**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 840.00                        | 840.00                            |
| (ii) Unitemized .....   | 843.38                        | 843.38                            |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 1683.38                       | 1683.38                           |
| (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) .....  | 1683.38                       | 1683.38                           |
| 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))..... ▶                        | 1683.38                       | 1683.38                           |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 1683.38                       | 1683.38                           |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 487.50                        | 487.50                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 487.50                        | 487.50                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 100.00                        | 100.00                            |
| 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)) ..      | 587.50                        | 587.50                            |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 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<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 1683.38                       | 1683.38                           |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 1683.38                       | 1683.38                           |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 487.50                        | 487.50                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(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

FOR LINE NUMBER: PAGE 6 OF 10  
(check only one)  
 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.

NAME OF COMMITTEE (In Full)  
**Los Angeles African American Women PAC**

**A. Willis Edwards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4120 Don Ibarra Place  
 City Los Angeles State CA Zip Code 90008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 120.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2012  
**Transaction ID : SA11AI.4105**  
 Amount of Each Receipt this Period  
 120.00

**B. Susie Frierson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8675 Falmouth Ave., #323  
 City Playa del Rey State CA Zip Code 90293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 120.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 04 / 2012  
**Transaction ID : SA11AI.4133**  
 Amount of Each Receipt this Period  
 120.00

**C. Jackie Hawthorne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4120 Con Ibarra Place  
 City Los Angeles State CA Zip Code 90008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 120.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2012  
**Transaction ID : SA11AI.4103**  
 Amount of Each Receipt this Period  
 120.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 360.00  
**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: (check only one) | PAGE 7 OF 10  |
| <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)  
**Los Angeles African American Women PAC**

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Melanee Newkirk</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 17 / 2012<br><b>Transaction ID : SA11AI.4101</b> |
| Mailing Address 5307 Village Green  |                                    | Amount of Each Receipt this Period<br>120.00   |
| City<br>Los Angeles   | State<br>CA                        | Zip Code<br>90016  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>Finance Officer   | Occupation<br>City of LA           |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>120.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Carmen Schaye</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>02 / 04 / 2012<br><b>Transaction ID : SA11AI.4136</b> |
| Mailing Address 58 Portuguese Bend Rd.  |                                    | Amount of Each Receipt this Period<br>120.00   |
| City<br>Rolling Hills   | State<br>CA                        | Zip Code<br>90274  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>Retired   | Occupation<br>Retired              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>120.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Venita Strange</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2012<br><b>Transaction ID : SA11AI.4107</b> |
| Mailing Address 1458 North Avenue 57  |                                    | Amount of Each Receipt this Period<br>120.00   |
| City<br>Los Angeles   | State<br>CA                        | Zip Code<br>90042  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>Retired   | Occupation<br>Retired              |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>120.00 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 360.00 |
| <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 8 OF 10  
(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)  
**Los Angeles African American Women PAC**

**A. Evelyn Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1061 S. Hauser Blvd.  
City Los Angeles State CA Zip Code 90019  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 120.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 04 / 2012  
**Transaction ID : SA11AI.4140**  
Amount of Each Receipt this Period  
120.00

**B.**  
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  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**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  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 120.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 840.00 |



**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)

**Los Angeles African American Women PAC**

Full Name (Last, First, Middle Initial)

**A. The McKinnor Group**

Mailing Address 4001 Inglewood Ave., Bldg. 101, St

City Redondo Beach State CA Zip Code 90278

Purpose of Disbursement  
Consultant

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4115**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

**TOTAL** 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)

**Los Angeles African American Women PAC**

Full Name (Last, First, Middle Initial)

### A. EMILY'S LIST

Mailing Address 1120 CONNECTICUT AVENUE NW  
STE 1100

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    |   | 11    |   | 2012        |

Transaction ID : SB23.4119

Amount of Each Disbursement this Period

|        |
|--------|
| 100.00 |
|--------|

Full Name (Last, First, Middle Initial)

### B.

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 |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

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 |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

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

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

|        |
|--------|
| 100.00 |
|--------|

|        |
|--------|
| 100.00 |
|--------|