



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

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="67386.14"/>  | <input type="text" value="67386.14"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="112038.69"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="14805.42"/>  | <input type="text" value="81927.29"/>  |
| (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="126844.11"/> | <input type="text" value="149313.43"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="72714.40"/>  | <input type="text" value="95183.72"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="54129.71"/>  | <input type="text" value="54129.71"/>  |
| 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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

Report Covering the Period: From: M M / D D / Y Y Y Y 08 / 01 / 2012 To: M M / D D / Y Y Y Y 08 / 31 / 2012

| 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).....  | 7520.32                       | 24130.46                          |
| (ii) Unitemized .....   | 7284.10                       | 57790.82                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 14804.42                      | 81921.28                          |
| (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) .....  | 14804.42                      | 81921.28                          |
| 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.).....   | 1.00                          | 6.01                              |
| 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))..... ▶                        | 14805.42                      | 81927.29                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 14805.42                      | 81927.29                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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 .....   | 714.40                        | 3183.72                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 714.40                        | 3183.72                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 72000.00                      | 87000.00                          |
| 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                          | 5000.00                           |
| 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)) ..      | 72714.40                      | 95183.72                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 72714.40                      | 95183.72                          |

**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) .....        | 14804.42                      | 81921.28                          |
| 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) .....    | 14804.42                      | 81921.28                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 714.40                        | 3183.72                           |
| 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) .....              | 714.40                        | 3183.72                           |

**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 71                 |
|   | <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             |                              |

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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Patric J Abaravich**  
Full Name (Last, First, Middle Initial)

Mailing Address 2429 E Glen Oaks Blvd

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Glendale | CA    | 91206    |

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

|                  |                         |
|------------------|-------------------------|
| Name of Employer | Occupation              |
| IATSE Local 728  | Business Representative |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 02    | / | 2012        |

**Transaction ID : SA11Al.11865**

Amount of Each Receipt this Period  

|       |
|-------|
| 40.00 |
|-------|

**PAYROLL DEDUCTION**

**B. Patric J Abaravich**  
Full Name (Last, First, Middle Initial)

Mailing Address 2429 E Glen Oaks Blvd

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Glendale | CA    | 91206    |

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

|                  |                         |
|------------------|-------------------------|
| Name of Employer | Occupation              |
| IATSE Local 728  | Business Representative |

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 |
| 08    | / | 23    | / | 2012        |

**Transaction ID : SA11Al.11630**

Amount of Each Receipt this Period  

|       |
|-------|
| 50.00 |
|-------|

**PAYROLL DEDUCTION**

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

Mailing Address 3001 Harrison Avenue

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Orlando | FL    | 32804    |

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

|                  |                   |
|------------------|-------------------|
| Name of Employer | Occupation        |
| IATSE            | International Rep |

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 02    | / | 2012        |

**Transaction ID : SA11Al.11808**

Amount of Each Receipt this Period  

|       |
|-------|
| 40.00 |
|-------|

**PAYROLL DEDUCTION**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>130.00</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: PAGE 7 OF 71  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. Elizabeth S Alvarez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1522 N. Boylston St  
 City Los Angeles State CA Zip Code 90012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 695 Occupation Business Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 08 / 13 / 2012  
**Transaction ID : SA11AI.11932**  
 Amount of Each Receipt this Period 40.00  
**CONTRIBUTION**

**B. Steve Aredas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10045 Riverside Drive  
 City Toluca Lake State CA Zip Code 91602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation International Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 488.82

Date of Receipt 08 / 02 / 2012  
**Transaction ID : SA11AI.11809**  
 Amount of Each Receipt this Period 36.92  
**PAYROLL DEDUCTION**

**C. Michael Barnes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2401 South Swanson Street  
 City Philadelphia State PA Zip Code 19148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Stagehand  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 02 / 2012  
**Transaction ID : SA11AI.11810**  
 Amount of Each Receipt this Period 40.00  
**PAYROLL DEDUCTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 116.92  
**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 8 OF 71                 |
|   | <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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. John T. Beckman Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 9610 Jesse Drive

City St. Louis State MO Zip Code 63123

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

Name of Employer IATSE Occupation Int'l VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2012  
**Transaction ID : SA11AI.11937**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

**B. David Blake**  
Full Name (Last, First, Middle Initial)

Mailing Address 76-26 270th St.

City New Hyde Park State NY Zip Code 11040

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

Name of Employer IATSE Local 600 Occupation Business Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2012  
**Transaction ID : SA11AI.11941**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

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

Mailing Address 76-26 270th St.

City New Hyde Park State NY Zip Code 11040

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

Name of Employer IATSE Local 600 Occupation Business Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2012  
**Transaction ID : SA11AI.11942**

Amount of Each Receipt this Period  
 40.00

CONTRIBUTION

|  |       |
|--|-------|
| <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 71  |
| <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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. David Blake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76-26 270th St.  
 City State Zip Code  
 New Hyde Park NY 11040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 IATSE Local 600 Business Rep  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2012  
**Transaction ID : SA11AI.11619**  
 Amount of Each Receipt this Period  
 40.00  
**CONTRIBUTION**

**B. Leslie A Blanchard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10141 Fern Avenue  
 City State Zip Code  
 Stanton CA 90680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 IATSE Local 504 Business Rep  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2012  
**Transaction ID : SA11AI.11638**  
 Amount of Each Receipt this Period  
 50.00  
**CONTRIBUTION**

**C. Kimberly Bowles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 Bongart Road  
 City State Zip Code  
 Winter Park FL 32792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 IATSE Local 631 Sec/Treasurer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 445.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2012  
**Transaction ID : SA11AI.11712**  
 Amount of Each Receipt this Period  
 36.92  
**PAYROLL DEDUCTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 126.92  
**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 71  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. Kimberly Bowles**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 711 Bongart Road  
 City Winter Park State FL Zip Code 32792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 631 Occupation Sec/Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 482.28

Date of Receipt 08 / 30 / 2012  
**Transaction ID : SA11AI.11598**  
 Amount of Each Receipt this Period 36.92  
**PAYROLL DEDUCTION**

**B. John Bresseux**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9218 Whitney St.  
 City Silver Spring State MD Zip Code 20901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 22 Occupation Business Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 20 / 2012  
**Transaction ID : SA11AI.11640**  
 Amount of Each Receipt this Period 100.00  
**CONTRIBUTION**

**C. Ed Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9427 Hanna Avenue  
 City Caatsuidith State CA Zip Code 91311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 44 Occupation Business Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 20 / 2012  
**Transaction ID : SA11AI.11641**  
 Amount of Each Receipt this Period 100.00  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 236.92  
**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 11 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Charles Bruno**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1000 Harwell Street  
City Orlando State FL Zip Code 32801  
FEC ID number of contributing federal political committee. C  
Name of Employer VARIOUS ENTERTAINMENT EMPLOYER Occupation EXHIBITION TRADESHOW  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 361.99

Date of Receipt 08 / 20 / 2012  
Transaction ID : SA11AI.11642  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. Rusty Burrell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2000 N Bayshore Dr #904  
City Miami State FL Zip Code 33137  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE LOCAL 600 Occupation Regional Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 250.00

Date of Receipt 08 / 20 / 2012  
Transaction ID : SA11AI.11643  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. Rusty Burrell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2000 N Bayshore Dr #904  
City Miami State FL Zip Code 33137  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE LOCAL 600 Occupation Regional Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 270.00

Date of Receipt 08 / 20 / 2012  
Transaction ID : SA11AI.11705  
Amount of Each Receipt this Period 20.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... 220.00  
**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 12 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Susan Cabral-Ebert**  
Full Name (Last, First, Middle Initial)

Mailing Address 3227 Cornwall Dr.

City Glendale State CA Zip Code 91206

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

Name of Employer IATSE Local 706 Occupation Assistant Business Rep

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 13 / 2012  
**Transaction ID : SA11AI.11945**

Amount of Each Receipt this Period 40.00

CONTRIBUTION

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

Mailing Address 5010 Rugby Avenue

City Bethesda State MD Zip Code 20814

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

Name of Employer IATSE Occupation Int'l VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt 08 / 02 / 2012  
**Transaction ID : SA11AI.11811**

Amount of Each Receipt this Period 40.00

PAYROLL DEDUCTION

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

Mailing Address 5010 Rugby Avenue

City Bethesda State MD Zip Code 20814

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

Name of Employer IATSE Occupation Int'l VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 740.00

Date of Receipt 08 / 20 / 2012  
**Transaction ID : SA11AI.11644**

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00

**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 13 OF 71                |
|   | <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"/>                | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. Craig Carlson**  
Full Name (Last, First, Middle Initial)

Mailing Address 216 S. Jefferson St

City Chicago State IL Zip Code 60661

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

Name of Employer IATSE Occupation Int'l VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2012  
**Transaction ID : SA11AI.11946**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

**B. Irving Clay**  
Full Name (Last, First, Middle Initial)

Mailing Address 4204 Alsace Way

City Upper Marlsboro State MD Zip Code 20772

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

Name of Employer IATSE Local 22 Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2012  
**Transaction ID : SA11AI.11950**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

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

Mailing Address 200 Morningside Drive

City San Francisco State CA Zip Code 94132

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

Name of Employer IATSE Local 16 Occupation Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2012  
**Transaction ID : SA11AI.11956**

Amount of Each Receipt this Period  
 40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00

**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 14 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Herman Dagner**  
Full Name (Last, First, Middle Initial)

Mailing Address 4219 Belle Grove Court

City Orlando State FL Zip Code 32812

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Entertainment Industry Exhibition Employee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.11647**

Amount of Each Receipt this Period

CONTRIBUTION

**B. THOM DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 13340 Burbank Blvd

City Sherman Oaks State CA Zip Code 91401

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
IATSE Local 80 Union Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.11648**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 1430 Broadway 20th FL

City New York State NY Zip Code 10018

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
IATSE Int'l VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.11812**

Amount of Each Receipt this Period

PAYROLL DEDUCTION

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

**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 15 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Anthony DePaulo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1430 Broadway 20th FL

City New York State NY Zip Code 10018

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

Name of Employer IATSE Occupation Int'l VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2012  
**Transaction ID : SA11AI.11649**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**B. Bruce Doering**  
Full Name (Last, First, Middle Initial)

Mailing Address 218 N. Ridgewood Place

City Los Angeles State CA Zip Code 90004

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

Name of Employer IATSE Local 600 Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 06 / 2012  
**Transaction ID : SA11AI.11791**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

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

Mailing Address 218 N. Ridgewood Place

City Los Angeles State CA Zip Code 90004

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

Name of Employer IATSE Local 600 Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2012  
**Transaction ID : SA11AI.11966**

Amount of Each Receipt this Period  
 40.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00

**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 16 OF 71   |
| <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Bruce Doering**  
Full Name (Last, First, Middle Initial)  
Mailing Address 218 N. Ridgewood Place  
City Los Angeles State CA Zip Code 90004  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE Local 600 Occupation Executive Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 720.00

Date of Receipt 08 / 20 / 2012  
Transaction ID : SA11AI.11650  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. Samantha Dulaney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 163 Saint Nicholas Ave 2A  
City New York State NY Zip Code 10026  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 640.00

Date of Receipt 08 / 02 / 2012  
Transaction ID : SA11AI.11814  
Amount of Each Receipt this Period 40.00  
PAYROLL DEDUCTION

**C. Samantha Dulaney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 163 Saint Nicholas Ave 2A  
City New York State NY Zip Code 10026  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE Occupation Attorney  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 720.00

Date of Receipt 08 / 14 / 2012  
Transaction ID : SA11AI.11730  
Amount of Each Receipt this Period 80.00  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... 220.00  
**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 17 OF 71   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. Sandra England**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2800 First Avenue #225  
 City Seattle State WA Zip Code 98106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Int'l Representative  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **440.00**

Date of Receipt **08 / 02 / 2012**  
**Transaction ID : SA11AI.11815**  
 Amount of Each Receipt this Period **40.00**  
**PAYROLL DEDUCTION**

**B. Sandra England**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2800 First Avenue #225  
 City Seattle State WA Zip Code 98106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Int'l Representative  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **540.00**

Date of Receipt **08 / 20 / 2012**  
**Transaction ID : SA11AI.11651**  
 Amount of Each Receipt this Period **100.00**  
**CONTRIBUTION**

**C. Thomas J Farley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2464 E Lakeshore Drive  
 City Crown Point State IN Zip Code 46307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 2 Occupation STAGEHAND  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **320.00**

Date of Receipt **08 / 13 / 2012**  
**Transaction ID : SA11AI.11972**  
 Amount of Each Receipt this Period **40.00**  
**CONTRIBUTION**

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>180.00</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 18 OF 71   |
| <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Robert W Fitch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 216 E. St. Unit 1  
City S. Boston State MA Zip Code 02127  
FEC ID number of contributing federal political committee. C  
Name of Employer ENTERTAINMENT INDUSTRY Occupation Stagehand  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 240.00

Date of Receipt 08 / 13 / 2012  
Transaction ID : SA11AI.11975  
Amount of Each Receipt this Period 40.00  
CONTRIBUTION

**B. John R Ford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2410 Salisbury Road  
City Westbury State NY Zip Code 11590  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE Occupation Int'l VP  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 510.00

Date of Receipt 08 / 02 / 2012  
Transaction ID : SA11AI.11849  
Amount of Each Receipt this Period 10.00  
PAYROLL DEDUCTION

**C. John R Ford**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2410 Salisbury Road  
City Westbury State NY Zip Code 11590  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE Occupation Int'l VP  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 520.00

Date of Receipt 08 / 02 / 2012  
Transaction ID : SA11AI.11863  
Amount of Each Receipt this Period 10.00  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... 60.00  
**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 19 OF 71  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. John R Ford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2410 Salisbury Road  
 City Westbury State NY Zip Code 11590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Int'l VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 08 / 14 / 2012  
**Transaction ID : SA11AI.11714**  
 Amount of Each Receipt this Period 10.00  
 PAYROLL DEDUCTION

**B. John R Ford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2410 Salisbury Road  
 City Westbury State NY Zip Code 11590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Int'l VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 23 / 2012  
**Transaction ID : SA11AI.11628**  
 Amount of Each Receipt this Period 10.00  
 PAYROLL DEDUCTION

**C. John R Ford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2410 Salisbury Road  
 City Westbury State NY Zip Code 11590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Int'l VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 08 / 30 / 2012  
**Transaction ID : SA11AI.11600**  
 Amount of Each Receipt this Period 10.00  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 20 OF 71  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. Henry H Fordham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 318A Puna Lane  
 City Honolulu State HI Zip Code 96813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 665 Occupation Acting Business Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 08 / 06 / 2012  
**Transaction ID : SA11AI.11775**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**B. Henry H Fordham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 318A Puna Lane  
 City Honolulu State HI Zip Code 96813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 665 Occupation Acting Business Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 08 / 14 / 2012  
**Transaction ID : SA11AI.11709**  
 Amount of Each Receipt this Period 40.00  
 CONTRIBUTION

**C. Henry H Fordham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 318A Puna Lane  
 City Honolulu State HI Zip Code 96813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 665 Occupation Acting Business Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 08 / 20 / 2012  
**Transaction ID : SA11AI.11653**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**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 21 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Raymond Fortune**  
Full Name (Last, First, Middle Initial)  
Mailing Address 69-41 229th Street

|                         |             |                   |
|-------------------------|-------------|-------------------|
| City<br>Oakland Gardens | State<br>NY | Zip Code<br>11364 |
|-------------------------|-------------|-------------------|

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

|                           |                              |
|---------------------------|------------------------------|
| Name of Employer<br>IATSE | Occupation<br>Business Agent |
|---------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
08 / 02 / 2012  
Transaction ID : SA11AI.11850

Amount of Each Receipt this Period  
40.00

CONTRIBUTION

**B. Jamie Fry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4733 E Hampton St

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Tucson | State<br>AZ | Zip Code<br>85712 |
|----------------|-------------|-------------------|

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

|                           |                                    |
|---------------------------|------------------------------------|
| Name of Employer<br>IATSE | Occupation<br>Int'l Representative |
|---------------------------|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
08 / 02 / 2012  
Transaction ID : SA11AI.11817

Amount of Each Receipt this Period  
40.00

PAYROLL DEDUCTION

**C. Jamie Fry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4733 E Hampton St

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Tucson | State<br>AZ | Zip Code<br>85712 |
|----------------|-------------|-------------------|

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

|                           |                                    |
|---------------------------|------------------------------------|
| Name of Employer<br>IATSE | Occupation<br>Int'l Representative |
|---------------------------|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
08 / 20 / 2012  
Transaction ID : SA11AI.11655

Amount of Each Receipt this Period  
50.00

PAYROLL DEDUCTION

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 130.00 |
| <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 22 OF 71                |
|   | <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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. John K. Fundus**  
Full Name (Last, First, Middle Initial)

Mailing Address 326 W 48th St.

City New York State NY Zip Code 10036

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

Name of Employer IATSE Local 52 Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012  
**Transaction ID : SA11AI.11851**

Amount of Each Receipt this Period  
**10.00**

PAYROLL DEDUCTION

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

Mailing Address 326 W 48th St.

City New York State NY Zip Code 10036

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

Name of Employer IATSE Local 52 Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012  
**Transaction ID : SA11AI.11864**

Amount of Each Receipt this Period  
**10.00**

PAYROLL DEDUCTION

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

Mailing Address 326 W 48th St.

City New York State NY Zip Code 10036

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

Name of Employer IATSE Local 52 Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **530.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2012  
**Transaction ID : SA11AI.11715**

Amount of Each Receipt this Period  
**10.00**

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **30.00**

**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 23 OF 71  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. John K. Fundus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 326 W 48th St.  
 City State Zip Code  
 New York NY 10036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 IATSE Local 52 Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2012  
**Transaction ID : SA11AI.11726**  
 Amount of Each Receipt this Period  
 20.00  
 PAYROLL DEDUCTION

**B. John K. Fundus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 326 W 48th St.  
 City State Zip Code  
 New York NY 10036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 IATSE Local 52 Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2012  
**Transaction ID : SA11AI.11629**  
 Amount of Each Receipt this Period  
 10.00  
 PAYROLL DEDUCTION

**C. John K. Fundus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 326 W 48th St.  
 City State Zip Code  
 New York NY 10036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 IATSE Local 52 Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2012  
**Transaction ID : SA11AI.11601**  
 Amount of Each Receipt this Period  
 10.00  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00  
**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 24 OF 71                |
|   | <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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. Donald Gandolini Jr. Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2308 Metairie Heights Ave  
 City Metairie State LA Zip Code 70001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Int'l Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 08 / 02 / 2012  
**Transaction ID : SA11AI.11818**  
 Amount of Each Receipt this Period 40.00  
**PAYROLL DEDUCTION**

**B. Cindy L. Gardner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 827 10th Avenue #4S  
 City New York State NY Zip Code 10019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 798 Occupation Secretary/Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 08 / 13 / 2012  
**Transaction ID : SA11AI.11979**  
 Amount of Each Receipt this Period 40.00  
**CONTRIBUTION**

**C. David F Garretson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 153 Kamm Avenue  
 City South River State NJ Zip Code 08882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Int'l Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 363.82

Date of Receipt 08 / 02 / 2012  
**Transaction ID : SA11AI.11819**  
 Amount of Each Receipt this Period 36.92  
**PAYROLL DEDUCTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 116.92  
**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 25 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. William E Gears Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 6673 Avila Way

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Fishers | State<br>IN | Zip Code<br>46038 |
|-----------------|-------------|-------------------|

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

|                           |                                 |
|---------------------------|---------------------------------|
| Name of Employer<br>IATSE | Occupation<br>Division Director |
|---------------------------|---------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442.02

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 02    | / | 2012        |

**Transaction ID : SA11AI.11820**

Amount of Each Receipt this Period  
46.12

PAYROLL DEDUCTION

**B. William E Gears Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 6673 Avila Way

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Fishers | State<br>IN | Zip Code<br>46038 |
|-----------------|-------------|-------------------|

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

|                           |                                 |
|---------------------------|---------------------------------|
| Name of Employer<br>IATSE | Occupation<br>Division Director |
|---------------------------|---------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
542.02

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 02    | / | 2012        |

**Transaction ID : SA11AI.11892**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 409 Washington Avenue

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Newport | State<br>KY | Zip Code<br>41071 |
|-----------------|-------------|-------------------|

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

|                                   |                            |
|-----------------------------------|----------------------------|
| Name of Employer<br>IATSE Local 5 | Occupation<br>Business Rep |
|-----------------------------------|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 20    | / | 2012        |

**Transaction ID : SA11AI.11658**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 196.12 |
| <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 26 OF 71  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. Scott Harbinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9055 Meadowvale Court  
 City State Zip Code  
 Ellicott City MD 21042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 IATSE Int'l Representative  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 490.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2012  
**Transaction ID : SA11AI.11821**  
 Amount of Each Receipt this Period  
 40.00  
**CONTRIBUTION**

**B. Corinthia Faye Harper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2695 Dayview Lane  
 City State Zip Code  
 Atlanta GA 30331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 IATSE Int'l Trustee  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 413.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2012  
**Transaction ID : SA11AI.11822**  
 Amount of Each Receipt this Period  
 36.92  
**PAYROLL DEDUCTION**

**C. Corinthia Faye Harper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2695 Dayview Lane  
 City State Zip Code  
 Atlanta GA 30331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 IATSE Int'l Trustee  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 513.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2012  
**Transaction ID : SA11AI.11659**  
 Amount of Each Receipt this Period  
 100.00  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 176.92  
**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 27 OF 71                |
|   | <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"/>                | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

Full Name (Last, First, Middle Initial)  
**A. David J Hartnett**

Mailing Address 528 Knoll St.

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Pittsburgh | State<br>PA | Zip Code<br>15212 |
|--------------------|-------------|-------------------|

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

|                           |                                    |
|---------------------------|------------------------------------|
| Name of Employer<br>IATSE | Occupation<br>Int'l Representative |
|---------------------------|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 02    | / | 2012        |

**Transaction ID : SA11AI.11823**

Amount of Each Receipt this Period  
40.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. David J Hartnett**

Mailing Address 528 Knoll St.

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Pittsburgh | State<br>PA | Zip Code<br>15212 |
|--------------------|-------------|-------------------|

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

|                           |                                    |
|---------------------------|------------------------------------|
| Name of Employer<br>IATSE | Occupation<br>Int'l Representative |
|---------------------------|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 14    | / | 2012        |

**Transaction ID : SA11AI.11724**

Amount of Each Receipt this Period  
5.00

CONTRIBUTION

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

Mailing Address 801 Dwight St.

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Ypsilanti | State<br>MI | Zip Code<br>48198 |
|-------------------|-------------|-------------------|

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

|                                    |  |
|------------------------------------|--|
| Name of Employer<br>IATSE Local 38 | Occupation<br>Stagehand/Business Agent |
|------------------------------------|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 02    | / | 2012        |

**Transaction ID : SA11AI.11899**

Amount of Each Receipt this Period  
25.00

CONTRIBUTION

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 70.00 |
| <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 28 OF 71  
(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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

Full Name (Last, First, Middle Initial)  
**A. Calvin M Hazelbaker**

Mailing Address 801 Dwight St.

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Ypsilanti | State<br>MI | Zip Code<br>48198 |
|-------------------|-------------|-------------------|

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

|                                    |  |
|------------------------------------|--|
| Name of Employer<br>IATSE Local 38 | Occupation<br>Stagehand/Business Agent |
|------------------------------------|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 13    | / | 2012        |

**Transaction ID : SA11AI.11989**

Amount of Each Receipt this Period  

|       |
|-------|
| 20.00 |
|-------|

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. JON HENDRY**

Mailing Address 2723 VIA VERADO

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>SANTA FE | State<br>NM | Zip Code<br>87500 |
|------------------|-------------|-------------------|

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

|                           |                              |
|---------------------------|------------------------------|
| Name of Employer<br>IATSE | Occupation<br>Business Agent |
|---------------------------|------------------------------|

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 |
| 08    | / | 20    | / | 2012        |

**Transaction ID : SA11AI.11660**

Amount of Each Receipt this Period  

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

**CONTRIBUTION**

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

Mailing Address 6418 N. Newcastle Avenue

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Chicago | State<br>IL | Zip Code<br>60631 |
|-----------------|-------------|-------------------|

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

|                           |                              |
|---------------------------|------------------------------|
| Name of Employer<br>IATSE | Occupation<br>Business Agent |
|---------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 13    | / | 2012        |

**Transaction ID : SA11AI.11992**

Amount of Each Receipt this Period  

|       |
|-------|
| 20.00 |
|-------|

**CONTRIBUTION**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>140.00</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 29 OF 71   |
| <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Kent H Jorgensen**  
Full Name (Last, First, Middle Initial)

Mailing Address 2520 West Olive Ave. #200

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Burbank | State<br>CA | Zip Code<br>91505 |
|-----------------|-------------|-------------------|

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

|                                    |                        |
|------------------------------------|------------------------|
| Name of Employer<br>IATSE Local 80 | Occupation<br>Chairman |
|------------------------------------|------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
08 / 06 / 2012  
Transaction ID : SA11AI.11788

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B. Nick Kaledin**  
Full Name (Last, First, Middle Initial)

Mailing Address 245 W. 29th St. #2

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>New York | State<br>NY | Zip Code<br>10001 |
|------------------|-------------|-------------------|

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

|  |                                   |
|--|-----------------------------------|
| Name of Employer<br>Association of Theatrical Pres | Occupation<br>Secretary/Treasurer |
|--|-----------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
08 / 13 / 2012  
Transaction ID : SA11AI.11998

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

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

Mailing Address 245 W. 29th St. #2

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>New York | State<br>NY | Zip Code<br>10001 |
|------------------|-------------|-------------------|

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

|  |                                   |
|--|-----------------------------------|
| Name of Employer<br>Association of Theatrical Pres | Occupation<br>Secretary/Treasurer |
|--|-----------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
08 / 14 / 2012  
Transaction ID : SA11AI.11731

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 140.00 |
| <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 30 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Nick Kaledin**  
Full Name (Last, First, Middle Initial)

Mailing Address 245 W. 29th St. #2

City New York State NY Zip Code 10001

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

Name of Employer Association of Theatrical Pres Occupation Secretary/Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 20 / 2012  
Transaction ID : SA11AI.11663

Amount of Each Receipt this Period 50.00

CONTRIBUTION

**B. Chaim Kantor**  
Full Name (Last, First, Middle Initial)

Mailing Address 214 King Street

City Englewood State NJ Zip Code 07631

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

Name of Employer IATSE Local 600 Occupation Business Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 08 / 20 / 2012  
Transaction ID : SA11AI.11664

Amount of Each Receipt this Period 50.00

CONTRIBUTION

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

Mailing Address P. O. Box 7625

City Portland State OR Zip Code 37148

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

Name of Employer IASTE Occupation Int'l Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 02 / 2012  
Transaction ID : SA11AI.11826

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**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 31 OF 71  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. Michael C Laninfa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3928 Peace Pipe Drive  
 City Orlando State FL Zip Code 32829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 631 Occupation Business Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 445.36

Date of Receipt 08 / 14 / 2012  
**Transaction ID : SA11AI.11713**  
 Amount of Each Receipt this Period 36.92  
 CONTRIBUTION

**B. Michael C Laninfa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3928 Peace Pipe Drive  
 City Orlando State FL Zip Code 32829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 631 Occupation Business Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 482.28

Date of Receipt 08 / 30 / 2012  
**Transaction ID : SA11AI.11599**  
 Amount of Each Receipt this Period 36.92  
 CONTRIBUTION

**C. Brian J. Lawlor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350 West 50th St #18G  
 City New York State NY Zip Code 10019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Int'l VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 02 / 2012  
**Transaction ID : SA11AI.11828**  
 Amount of Each Receipt this Period 40.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 113.84  
**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 32 OF 71  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. Brian J. Lawlor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350 West 50th St #18G  
 City New York State NY Zip Code 10019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Int'l VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 08 / 14 / 2012  
**Transaction ID : SA11AI.11729**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**B. Brian J. Lawlor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 350 West 50th St #18G  
 City New York State NY Zip Code 10019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Int'l VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 08 / 20 / 2012  
**Transaction ID : SA11AI.11665**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**C. Rosemarie M Levy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 W 24th Street  
 City New York State NY Zip Code 10003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 798 Occupation Business Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : SA11AI.12006**  
 Amount of Each Receipt this Period 40.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.00  
**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 33 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Jaroslan Lipski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4855 W Barry Ave  
City Chicago State IL Zip Code 60641  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE Local 780 Occupation Business Manager  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 440.00

Date of Receipt 08 / 13 / 2012  
Transaction ID : SA11AI.12007  
Amount of Each Receipt this Period 40.00  
CONTRIBUTION

**B. Jaroslan Lipski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4855 W Barry Ave  
City Chicago State IL Zip Code 60641  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE Local 780 Occupation Business Manager  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 540.00

Date of Receipt 08 / 20 / 2012  
Transaction ID : SA11AI.11666  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**C. Matthew Loeb**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1430 Broadway  
City New York State NY Zip Code 10018  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE Occupation President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 440.00

Date of Receipt 08 / 02 / 2012  
Transaction ID : SA11AI.11829  
Amount of Each Receipt this Period 40.00  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... 180.00  
**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 34 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Daniel M Mahoney**  
Full Name (Last, First, Middle Initial)

Mailing Address 164 Andrew Avenue

City East Meadow State NY Zip Code 11554

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

Name of Employer IATSE Occupation Int'l Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **413.82**

Date of Receipt **08 / 02 / 2012**

**Transaction ID : SA11AI.11830**

Amount of Each Receipt this Period **36.92**

PAYROLL DEDUCTION

**B. Peter Marley**  
Full Name (Last, First, Middle Initial)

Mailing Address 6326 Agnes Ave

City No. Hollywood State CA Zip Code 91606

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

Name of Employer IATSE Occupation Stagehand

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 13 / 2012**

**Transaction ID : SA11AI.12015**

Amount of Each Receipt this Period **40.00**

CONTRIBUTION

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

Mailing Address 6326 Agnes Ave

City No. Hollywood State CA Zip Code 91606

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

Name of Employer IATSE Occupation Stagehand

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **08 / 14 / 2012**

**Transaction ID : SA11AI.11721**

Amount of Each Receipt this Period **20.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **96.92**

**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 35 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Chris Ranung McComb**  
Full Name (Last, First, Middle Initial)

Mailing Address 403 Shamrock Road

City St Augustine State FL Zip Code 32086

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

Name of Employer Self Occupation Studio Mechanic

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2012  
**Transaction ID : SA11AI.11667**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**B. Chris Ranung McComb**  
Full Name (Last, First, Middle Initial)

Mailing Address 403 Shamrock Road

City St Augustine State FL Zip Code 32086

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

Name of Employer Self Occupation Studio Mechanic

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2012  
**Transaction ID : SA11AI.12017**

Amount of Each Receipt this Period  
 15.00

CONTRIBUTION

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

Mailing Address 536 EAST BAY DRIVE

City LONG BEACH State NY Zip Code 11561

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

Name of Employer IATSE Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2012  
**Transaction ID : SA11AI.12021**

Amount of Each Receipt this Period  
 20.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

**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 36 OF 71                |
|   | (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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. GENE MCELWAIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 536 EAST BAY DRIVE

City LONG BEACH State NY Zip Code 11561

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

Name of Employer IATSE Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2012  
**Transaction ID : SA11AI.11723**

Amount of Each Receipt this Period  
 200.00

CONTRIBUTION

**B. Terrence McKenzie**  
Full Name (Last, First, Middle Initial)

Mailing Address 1967 Tigris Drive West

City W. Palm Beach State FL Zip Code 33411

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

Name of Employer IATSE Local 500 Occupation Business Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2012  
**Transaction ID : SA11AI.11668**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

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

Mailing Address 23113 Barnhill Road

City Santa Clarita State CA Zip Code 91350

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

Name of Employer IATSE Local 800 Occupation Assoc. Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2012  
**Transaction ID : SA11AI.11633**

Amount of Each Receipt this Period  
 40.00

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.00

**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 37 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. John Moffitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 23113 Barnhill Road

City Santa Clarita State CA Zip Code 91350

FEC ID number of contributing federal political committee.

Name of Employer IATSE Local 800 Occupation Assoc. Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.11634**

Amount of Each Receipt this Period

PAYROLL DEDUCTION

**B. Paul G. Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 652 189th Street

City New York State NY Zip Code 10040

FEC ID number of contributing federal political committee.

Name of Employer IATSE Local 700 Occupation Business Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.12026**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 111 18th Street NW

City Ruskin State FL Zip Code 33570

FEC ID number of contributing federal political committee.

Name of Employer IATSE Local 477 Occupation Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.11669**

Amount of Each Receipt this Period

CONTRIBUTION

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

**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 38 OF 71   |
| <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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. William Moyse**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 18th Street NW  
 City Ruskin State FL Zip Code 33570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 477 Occupation Business Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **08 / 31 / 2012**  
**Transaction ID : SA11AI.12028**  
 Amount of Each Receipt this Period **20.00**  
 CONTRIBUTION

**B. Heidi Nakamura**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5017 Colfax Ave #1  
 City No. Hollywood State CA Zip Code 91601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 871 Occupation Assistant Business Rep  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt **08 / 06 / 2012**  
**Transaction ID : SA11AI.11765**  
 Amount of Each Receipt this Period **75.00**  
 CONTRIBUTION

**C. Heidi Nakamura**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5017 Colfax Ave #1  
 City No. Hollywood State CA Zip Code 91601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 871 Occupation Assistant Business Rep  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **315.00**

Date of Receipt **08 / 13 / 2012**  
**Transaction ID : SA11AI.12031**  
 Amount of Each Receipt this Period **40.00**  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **135.00**  
**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 39 OF 71                |
|   | <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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. Christopher O'Donnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51 Grandville Road  
 City Cambridge State MA Zip Code 02138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 481 Occupation Business Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.36

Date of Receipt 08 / 02 / 2012  
**Transaction ID : SA11AI.11847**  
 Amount of Each Receipt this Period 18.46  
 PAYROLL DEDUCTION

**B. Christopher O'Donnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51 Grandville Road  
 City Cambridge State MA Zip Code 02138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 481 Occupation Business Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 405.36

Date of Receipt 08 / 14 / 2012  
**Transaction ID : SA11AI.11728**  
 Amount of Each Receipt this Period 10.00  
 PAYROLL DEDUCTION

**c. Christopher O'Donnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51 Grandville Road  
 City Cambridge State MA Zip Code 02138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 481 Occupation Business Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.36

Date of Receipt 08 / 20 / 2012  
**Transaction ID : SA11AI.11672**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 128.46  
**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 40 OF 71                |
|   | <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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. Christopher O'Donnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51 Grandville Road  
 City Cambridge State MA Zip Code 02138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 481 Occupation Business Rep  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **523.82**

Date of Receipt **08 / 30 / 2012**  
**Transaction ID : SA11AI.11594**  
 Amount of Each Receipt this Period **18.46**  
**PAYROLL DEDUCTION**

**B. Francis A. O'Hern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2911 W. Eastwood Ave  
 City Chicago State IL Zip Code 60625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Int'l Representative  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **08 / 20 / 2012**  
**Transaction ID : SA11AI.11695**  
 Amount of Each Receipt this Period **20.00**  
**CONTRIBUTION**

**C. Andrew Oyaas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 238 Neodie Mountain Rd.  
 City Tuskasegee State SC Zip Code 28783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 491 Occupation Secretary/Treasurer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **650.00**

Date of Receipt **08 / 14 / 2012**  
**Transaction ID : SA11AI.11710**  
 Amount of Each Receipt this Period **40.00**  
**PAYROLL DEDUCTION**

**SUBTOTAL** of Receipts This Page (optional)..... **78.46**  
**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 41 OF 71                |
|   | <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"/>                | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. Andrew Oyaas**  
Full Name (Last, First, Middle Initial)

Mailing Address 238 Neodie Mountain Rd.

City Tuskasegee State SC Zip Code 28783

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

Name of Employer IATSE Local 491 Occupation Secretary/Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **08 / 20 / 2012**  
Transaction ID : **SA11AI.11675**

Amount of Each Receipt this Period **100.00**

**PAYROLL DEDUCTION**

**B. JOHN PAGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1422 HARDING LANE

City SILVER SPRING State MD Zip Code 20905

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

Name of Employer IATSE Local 22 Occupation Secretary/Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **08 / 13 / 2012**  
Transaction ID : **SA11AI.12036**

Amount of Each Receipt this Period **25.00**

**CONTRIBUTION**

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

Mailing Address 3901 San Angelo Ave

City Simi Valley State CA Zip Code 93063

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

Name of Employer IATSE Local 729 Occupation Union Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **08 / 13 / 2012**  
Transaction ID : **SA11AI.12037**

Amount of Each Receipt this Period **40.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... **165.00**

**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 42 OF 71   |
| <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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. George A Palazzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3901 San Angelo Ave  
 City State Zip Code  
 Simi Valley CA 93063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 IATSE Local 729 Union Rep  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 470.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2012  
**Transaction ID : SA11AI.11676**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B. Lawrence Paone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Cliffwood Pl.  
 City State Zip Code  
 Metuchen NJ 08840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 IATSE Local 751 Business Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 13 / 2012  
**Transaction ID : SA11AI.12039**  
 Amount of Each Receipt this Period  
 20.00  
 CONTRIBUTION

**C. Lawrence Paone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Cliffwood Pl.  
 City State Zip Code  
 Metuchen NJ 08840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 IATSE Local 751 Business Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2012  
**Transaction ID : SA11AI.11720**  
 Amount of Each Receipt this Period  
 10.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**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 43 OF 71   |
| <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

Full Name (Last, First, Middle Initial)  
**A. Lawrence Paone**

Mailing Address 2 Cliffwood Pl.

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Metuchen | State<br>NJ | Zip Code<br>08840 |
|------------------|-------------|-------------------|

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

|                                     |                              |
|-------------------------------------|------------------------------|
| Name of Employer<br>IATSE Local 751 | Occupation<br>Business Agent |
|-------------------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 20    | / | 2012        |

**Transaction ID : SA11Al.11677**

Amount of Each Receipt this Period  

|       |
|-------|
| 50.00 |
|-------|

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. BILL PARKS**

Mailing Address 4558 WADE VALLEY DRIVE

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>CUMMING | State<br>GA | Zip Code<br>30040 |
|-----------------|-------------|-------------------|

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

|                                     |                          |
|-------------------------------------|--------------------------|
| Name of Employer<br>IATSE Local 834 | Occupation<br>Trade Show |
|-------------------------------------|--------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 13    | / | 2012        |

**Transaction ID : SA11Al.12040**

Amount of Each Receipt this Period  

|       |
|-------|
| 40.00 |
|-------|

**CONTRIBUTION**

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

Mailing Address 12021 Riverside Drive North

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Hollywood | State<br>CA | Zip Code<br>91607 |
|-------------------|-------------|-------------------|

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

|                                    |                                   |
|------------------------------------|-----------------------------------|
| Name of Employer<br>IATSE Local 44 | Occupation<br>Secretary/Treasurer |
|------------------------------------|-----------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **620.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 20    | / | 2012        |

**Transaction ID : SA11Al.11678**

Amount of Each Receipt this Period  

|        |
|--------|
| 200.00 |
|--------|

**CONTRIBUTION**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>290.00</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 44 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Mary Rose**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5503 Buffalo Avenue  
City Sherman Oaks State CA Zip Code 91401  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE LOCAL 892 Occupation Costume Designer  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 08 / 20 / 2012  
Transaction ID : SA11AI.11683  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**B. Jason Rosin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6816 Hailsham Drive  
City Wilmington State NC Zip Code 28412  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE Local 491 Occupation Business Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 520.00

Date of Receipt 08 / 14 / 2012  
Transaction ID : SA11AI.11711  
Amount of Each Receipt this Period 40.00  
CONTRIBUTION

**C. Jason Rosin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6816 Hailsham Drive  
City Wilmington State NC Zip Code 28412  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE Local 491 Occupation Business Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 620.00

Date of Receipt 08 / 31 / 2012  
Transaction ID : SA11AI.12046  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... 240.00  
**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 45 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Scott Roth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14848 Jade Stone Drive  
City Sherman Oaks State CA Zip Code 91403  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE Local 800 Occupation Executive Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 545.00

Date of Receipt 08 / 20 / 2012  
Transaction ID : SA11AI.11684  
Amount of Each Receipt this Period 100.00  
PAYROLL DEDUCTION

**B. Scott Roth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14848 Jade Stone Drive  
City Sherman Oaks State CA Zip Code 91403  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE Local 800 Occupation Executive Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 585.00

Date of Receipt 08 / 23 / 2012  
Transaction ID : SA11AI.11635  
Amount of Each Receipt this Period 40.00  
PAYROLL DEDUCTION

**C. Scott Roth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14848 Jade Stone Drive  
City Sherman Oaks State CA Zip Code 91403  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE Local 800 Occupation Executive Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 625.00

Date of Receipt 08 / 23 / 2012  
Transaction ID : SA11AI.11636  
Amount of Each Receipt this Period 40.00  
PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... 180.00  
**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 46 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Lewis Rothenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 294 Washington Ave  
 City Rutherford State NJ Zip Code 07070  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Various Entertainment Employer Occupation Digital Imaging Tech  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 470.00

Date of Receipt 08 / 13 / 2012  
**Transaction ID : SA11AI.12049**  
 Amount of Each Receipt this Period 40.00  
 CONTRIBUTION

**B. Alan M Rowe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1030 W Lima Street  
 City Burbank State CA Zip Code 91505  
 FEC ID number of contributing federal political committee. C  
 Name of Employer IATSE Local 728 Occupation Safety & Training Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 350.00

Date of Receipt 08 / 02 / 2012  
**Transaction ID : SA11AI.11867**  
 Amount of Each Receipt this Period 40.00  
 PAYROLL DEDUCTION

**C. Alan M Rowe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1030 W Lima Street  
 City Burbank State CA Zip Code 91505  
 FEC ID number of contributing federal political committee. C  
 Name of Employer IATSE Local 728 Occupation Safety & Training Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 400.00

Date of Receipt 08 / 06 / 2012  
**Transaction ID : SA11AI.11786**  
 Amount of Each Receipt this Period 50.00  
 PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... 130.00  
**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 47 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Alan M Rowe**  
Full Name (Last, First, Middle Initial)

Mailing Address 1030 W Lima Street

City Burbank State CA Zip Code 91505

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

Name of Employer IATSE Local 728 Occupation Safety & Training Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 23 / 2012  
Transaction ID : SA11AI.11632

Amount of Each Receipt this Period 50.00

PAYROLL DEDUCTION

**B. Joanne Sanders**  
Full Name (Last, First, Middle Initial)

Mailing Address 5144 Carrollton Ave

City Indianapolis State IN Zip Code 46205

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

Name of Employer IATSE Occupation Int'l Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 02 / 2012  
Transaction ID : SA11AI.11834

Amount of Each Receipt this Period 40.00

PAYROLL DEDUCTION

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

Mailing Address 5144 Carrollton Ave

City Indianapolis State IN Zip Code 46205

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

Name of Employer IATSE Occupation Int'l Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 08 / 02 / 2012  
Transaction ID : SA11AI.11908

Amount of Each Receipt this Period 100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 190.00

**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 48 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Joanne Sanders**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5144 Carrollton Ave  
City Indianapolis State IN Zip Code 46205  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE Occupation Int'l Representative  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 460.00

Date of Receipt 08 / 14 / 2012  
Transaction ID : SA11AI.11742  
Amount of Each Receipt this Period 20.00  
PAYROLL DEDUCTION

**B. RANDY SAYER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12333 NORINO DRIVE  
City WHITTIER State CA Zip Code 90601  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE Local 706 Occupation Hair Stylist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 210.00

Date of Receipt 08 / 13 / 2012  
Transaction ID : SA11AI.12052  
Amount of Each Receipt this Period 20.00  
CONTRIBUTION

**C. RANDY SAYER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12333 NORINO DRIVE  
City WHITTIER State CA Zip Code 90601  
FEC ID number of contributing federal political committee. C  
Name of Employer IATSE Local 706 Occupation Hair Stylist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 310.00

Date of Receipt 08 / 20 / 2012  
Transaction ID : SA11AI.11685  
Amount of Each Receipt this Period 100.00  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... 140.00  
**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 49 OF 71  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. Joseph Short**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3459 Briar Ridge Ct.  
 City State Zip Code  
 Westlake OH 44145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Musical Arts Association Stagehand  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2012  
**Transaction ID : SA11AI.11835**  
 Amount of Each Receipt this Period  
 40.00  
**PAYROLL DEDUCTION**

**B. Joseph Short**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3459 Briar Ridge Ct.  
 City State Zip Code  
 Westlake OH 44145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Musical Arts Association Stagehand  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2012  
**Transaction ID : SA11AI.11869**  
 Amount of Each Receipt this Period  
 100.00  
**CONTRIBUTION**

**C. Joseph Short**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3459 Briar Ridge Ct.  
 City State Zip Code  
 Westlake OH 44145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Musical Arts Association Stagehand  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2012  
**Transaction ID : SA11AI.12057**  
 Amount of Each Receipt this Period  
 100.00  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**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 50 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Rachel Stanley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4310 Bellaire Avenue

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Studio City | State<br>CA | Zip Code<br>91604 |
|---------------------|-------------|-------------------|

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

|                                     |                                  |
|-------------------------------------|----------------------------------|
| Name of Employer<br>IATSE Local 892 | Occupation<br>Executive Director |
|-------------------------------------|----------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 13    | / | 2012        |

**Transaction ID : SA11AI.12066**

Amount of Each Receipt this Period  
10.00

CONTRIBUTION

**B. Rachel Stanley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4310 Bellaire Avenue

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Studio City | State<br>CA | Zip Code<br>91604 |
|---------------------|-------------|-------------------|

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

|                                     |                                  |
|-------------------------------------|----------------------------------|
| Name of Employer<br>IATSE Local 892 | Occupation<br>Executive Director |
|-------------------------------------|----------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
355.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 20    | / | 2012        |

**Transaction ID : SA11AI.11686**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C. MICHAEL J SULLIVAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 199 WARRENTON AVE

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>WEST HARTFORD | State<br>CT | Zip Code<br>06119 |
|-----------------------|-------------|-------------------|

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

|                             |                         |
|-----------------------------|-------------------------|
| Name of Employer<br>Retired | Occupation<br>Stagehand |
|-----------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08    | / | 13    | / | 2012        |

**Transaction ID : SA11AI.12068**

Amount of Each Receipt this Period  
20.00

CONTRIBUTION

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 130.00 |
| <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 51 OF 71                |
|   | <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)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. Lyle Trachtenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 10045 Riverside DR #200

City Toluca Lake State CA Zip Code 91602

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

Name of Employer IATSE Occupation Int'l Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **438.82**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2012  
**Transaction ID : SA11AI.11836**

Amount of Each Receipt this Period  
**36.92**

PAYROLL DEDUCTION

**B. Lyle Trachtenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 10045 Riverside DR #200

City Toluca Lake State CA Zip Code 91602

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

Name of Employer IATSE Occupation Int'l Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **538.82**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 20 / 2012  
**Transaction ID : SA11AI.11688**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

Mailing Address 541 Wharton Circle Apt 304

City Winchester State VA Zip Code 22601

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

Name of Employer IATSE Occupation Int'l Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2012  
**Transaction ID : SA11AI.11837**

Amount of Each Receipt this Period  
**40.00**

PAYROLL DEDUCTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **176.92**

**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 52 OF 71  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. Richard Vales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1247 Little Oak Circle  
 City Orlando State FL Zip Code 32780  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Local 835 Occupation Business Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.36

Date of Receipt 08 / 20 / 2012  
**Transaction ID : SA11AI.11689**  
 Amount of Each Receipt this Period 100.00  
**CONTRIBUTION**

**B. James G Varga**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8247 Kyle Street  
 City Sunland State CA Zip Code 91040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 08 / 02 / 2012  
**Transaction ID : SA11AI.11838**  
 Amount of Each Receipt this Period 40.00  
**PAYROLL DEDUCTION**

**c. James G Varga**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8247 Kyle Street  
 City Sunland State CA Zip Code 91040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 08 / 06 / 2012  
**Transaction ID : SA11AI.11768**  
 Amount of Each Receipt this Period 100.00  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**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 53 OF 71                |
|   | <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"/>                | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES

**A. James G Varga**  
Full Name (Last, First, Middle Initial)

Mailing Address 8247 Kyle Street

City Sunland State CA Zip Code 91040

FEC ID number of contributing federal political committee.

Name of Employer IATSE Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : SA11Al.12076**

Amount of Each Receipt this Period

CONTRIBUTION

**B. PAUL VARRIEUR**  
Full Name (Last, First, Middle Initial)

Mailing Address 3564 HIGH GREEN DRIVE

City MARIETTA State GA Zip Code 30068

FEC ID number of contributing federal political committee.

Name of Employer Sony Occupation Director of Photography

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : SA11Al.11754**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 1430 Broadway 20th FL

City New York State NY Zip Code 10018

FEC ID number of contributing federal political committee.

Name of Employer IATSE Occupation Int'l Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  /  /   
**Transaction ID : SA11Al.11839**

Amount of Each Receipt this Period

PAYROLL DEDUCTION

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

**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 54 OF 71                |
|   | <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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. Patricia White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1430 Broadway 20th FL  
 City New York State NY Zip Code 10018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Int'l Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt 08 / 02 / 2012  
**Transaction ID : SA11AI.11913**  
 Amount of Each Receipt this Period 50.00  
**PAYROLL DEDUCTION**

**B. James M. Wright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9532 Via Ricardo  
 City Burbank State CA Zip Code 91509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Business Rep  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 08 / 13 / 2012  
**Transaction ID : SA11AI.11761**  
 Amount of Each Receipt this Period 40.00  
**CONTRIBUTION**

**C. Tammy L. Yazgolian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25852 McBean Pkwy. #535  
 City Valencia State CA Zip Code 91355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CBS Studio Center Occupation Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 08 / 20 / 2012  
**Transaction ID : SA11AI.11706**  
 Amount of Each Receipt this Period 20.00  
**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.00  
**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 55 OF 71                |
|   | <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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

**A. Tammy L. Yazgulian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25852 McBean Pkwy. #535  
 City Valencia State CA Zip Code 91355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CBS Studio Center Occupation Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 370.00

Date of Receipt 08 / 31 / 2012  
**Transaction ID : SA11AI.12084**  
 Amount of Each Receipt this Period 100.00  
**CONTRIBUTION**

**B. Joel Youngerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14833 S. 46th Place  
 City Phoenix State AZ Zip Code 85044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Int'l Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 08 / 02 / 2012  
**Transaction ID : SA11AI.11840**  
 Amount of Each Receipt this Period 40.00  
**PAYROLL DEDUCTION**

**C. Joel Youngerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14833 S. 46th Place  
 City Phoenix State AZ Zip Code 85044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer IATSE Occupation Int'l Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 08 / 20 / 2012  
**Transaction ID : SA11AI.11690**  
 Amount of Each Receipt this Period 100.00  
**CONTRIBUTION**

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 240.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 7520.32 |

**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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

Full Name (Last, First, Middle Initial)

**A. ARISTOTLE INC.**

Mailing Address 205 PENNSYLVANIA AVE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2012

**Transaction ID : SB21B.11925**

Amount of Each Disbursement this Period

140.45

Full Name (Last, First, Middle Initial)

**B. ARISTOTLE INC.**

Mailing Address 205 PENNSYLVANIA AVE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2012

**Transaction ID : SB21B.11926**

Amount of Each Disbursement this Period

302.60

Full Name (Last, First, Middle Initial)

**C. ARISTOTLE INC.**

Mailing Address 205 PENNSYLVANIA AVE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PROCESSING FEES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2012

**Transaction ID : SB21B.11927**

Amount of Each Disbursement this Period

39.20

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

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

482.25



**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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

Full Name (Last, First, Middle Initial)

**A. ARISTOTLE INC.**

Mailing Address 205 PENNSYLVANIA AVE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PROCESSING FEES

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 |
| 08    |   | 27    |   | 2012      |

**Transaction ID : SB21B.11928**

Amount of Each Disbursement this Period

|       |
|-------|
| 20.50 |
|-------|

Full Name (Last, First, Middle Initial)

**B. ARISTOTLE INC.**

Mailing Address 205 PENNSYLVANIA AVE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PROCESSING FEES

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 |
| 08    |   | 31    |   | 2012      |

**Transaction ID : SB21B.11929**

Amount of Each Disbursement this Period

|       |
|-------|
| 67.50 |
|-------|

Full Name (Last, First, Middle Initial)

**C. Chase Bank**

Mailing Address 1430 Broadway

City New York State NY Zip Code 10018

Purpose of Disbursement  
SERVICE CHARGE

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 |
| 08    |   | 03    |   | 2012      |

**Transaction ID : SB21B.11924**

Amount of Each Disbursement this Period

|        |
|--------|
| 144.15 |
|--------|

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

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

|        |
|--------|
| 232.15 |
|--------|

|        |
|--------|
| 714.40 |
|--------|

**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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

Full Name (Last, First, Middle Initial)

**A. BERA FOR CONGRESS**

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 03

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 20    |   | 2012      |

**Transaction ID : SB23.11535**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. BERKLEY FOR SENATE**

Mailing Address 7437 S EASTERN AVE SUITE 427

City LAS VEGAS State NV Zip Code 89123

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NV District: 01

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 06    |   | 2012      |

**Transaction ID : SB23.11524**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. BILL FOSTER FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 9104

City AURORA State IL Zip Code 60598

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IL District: 11

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 20    |   | 2012      |

**Transaction ID : SB23.11561**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

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

|         |
|---------|
| 6500.00 |
|---------|

**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 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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

Full Name (Last, First, Middle Initial)

**A. BILL NELSON FOR U S SENATE**

Mailing Address 972 W WHITMIRE DRIVE

City MELBOURNE State FL Zip Code 32935

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 06    |   | 2012      |

Transaction ID : SB23.11512

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. BOSWELL FOR CONGRESS**

Mailing Address PO BOX 1814

City DES MOINES State IA Zip Code 50305

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IA District: 03

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 20    |   | 2012      |

Transaction ID : SB23.11567

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. CHRISTIE VILSACK FOR IOWA**

Mailing Address PO BOX 641

City AMES State IA Zip Code 50010

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IA District: 04

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 20    |   | 2012      |

Transaction ID : SB23.11569

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

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

|         |
|---------|
| 4500.00 |
|---------|

**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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM**

Mailing Address 2015 DIETZ PL NW

City ALBUQUERQUE State NM Zip Code 87107

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NM District: 01

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 20    | / | 2012      |

Transaction ID : SB23.11529

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)

**B. CONYERS FOR CONGRESS**

Mailing Address 1831 BAY ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MI District: 14

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 20    | / | 2012      |

Transaction ID : SB23.11576

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)

**C. DONNELLY FOR INDIANA**

Mailing Address 1050 17TH ST NW STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 06    | / | 2012      |

Transaction ID : SB23.11514

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

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

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

|         |
|---------|
| 3500.00 |
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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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

Full Name (Last, First, Middle Initial)

**A. DR. RAUL RUIZ FOR CONGRESS 2012 COMMITTEE**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 20    |   | 2012      |

Mailing Address PO BOX 6116

**Transaction ID : SB23.11547**

City LA QUINTA State CA Zip Code 92248

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. DUCKWORTH FOR CONGRESS**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 20    |   | 2012      |

Mailing Address P.O. BOX 59568

**Transaction ID : SB23.11559**

City SCHAUMBURG State IL Zip Code 60159

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. ELIZABETH FOR MA INC**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 01    |   | 2012      |

Mailing Address PO BOX 290568

**Transaction ID : SB23.11503**

City BOSTON State MA Zip Code 02129

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

|         |
|---------|
| 6000.00 |
|---------|

**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 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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES**

Full Name (Last, First, Middle Initial)

**A. ENYART FOR CONGRESS**

Mailing Address PO BOX 308

City State Zip Code  
**BELLEVILLE IL 62222**

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IL District: 12

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 20    | / | 2012      |

Transaction ID : **SB23.11563**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CHERI BUSTOS**

Mailing Address P.O. BOX 77

City State Zip Code  
**EAST MOLINE IL 61244**

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IL District: 17

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 20    | / | 2012      |

Transaction ID : **SB23.11565**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOE BACA**

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code  
**SACRAMENTO CA 95814**

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 35

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 20    | / | 2012      |

Transaction ID : **SB23.11545**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

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

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|---------|
| 4500.00 |
|---------|

**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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF LOIS CAPPES**

Mailing Address P.O. BOX 23940

City State Zip Code  
SANTA BARBARA CA 93121

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 24

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 20    | / | 2012      |

Transaction ID : SB23.11541

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF PATRICK MURPHY**

Mailing Address 4521 PGA BLVD. #412

City State Zip Code  
PALM BEACH GARDENS FL 33418

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: FL District: 18

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 20    | / | 2012      |

Transaction ID : SB23.11557

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF PETE GALLEGO**

Mailing Address PO BOX 1781

City State Zip Code  
SAN ANTONIO TX 78296

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TX District: 23

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 21    | / | 2012      |

Transaction ID : SB23.11586

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

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

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|---------|
| 4500.00 |
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**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 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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SHERROD BROWN**

Mailing Address PO BOX 76187

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 06    | / | 2012      |

**Transaction ID : SB23.11505**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. HEIDI FOR SENATE**

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 06    | / | 2012      |

**Transaction ID : SB23.11522**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. JOE MIKLOSI FOR CONGRESS**

Mailing Address PO BOX 3975

City GREENWOOD VILLAGE State CO Zip Code 80155

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CO District: 06

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 21    | / | 2012      |

**Transaction ID : SB23.11579**

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

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

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

|         |
|---------|
| 5500.00 |
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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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

Full Name (Last, First, Middle Initial)

**A. JOSE HERNANDEZ FOR CONGRESS**

Mailing Address PO BOX 1667

City: MODESTO State: CA Zip Code: 95353

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 10

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 20    | / | 2012      |

Transaction ID : SB23.11539

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. JULIA BROWNLEY FOR CONGRESS**

Mailing Address 728 W. EDNA PLACE

City: COVINA State: CA Zip Code: 91722

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 26

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 20    | / | 2012      |

Transaction ID : SB23.11543

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. KAINE FOR VIRGINIA**

Mailing Address 2106 HAMILTON STREET SUITE C

City: RICHMOND State: VA Zip Code: 23230

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 06    | / | 2012      |

Transaction ID : SB23.11507

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

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

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|---------|
| 8000.00 |
|---------|

**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 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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

Full Name (Last, First, Middle Initial)

**A. KIRKPATRICK FOR ARIZONA**

Mailing Address PO BOX 12011

City State Zip Code  
CASA GRANDE AZ 85130

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: AZ District: 01

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 20    |   | 2012      |

Transaction ID : SB23.11533

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. KUSTER FOR CONGRESS, INC.**

Mailing Address P.O. BOX 1498

City State Zip Code  
CONCORD NH 03302

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NH District: 02

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 20    |   | 2012      |

Transaction ID : SB23.11577

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. LEONARD BEMBRY FOR CONGRESS**

Mailing Address 2510 SW PETTIS SPRINGS CIRCLE

City State Zip Code  
GREENVILLE FL 32331

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: FL District: 02

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 20    |   | 2012      |

Transaction ID : SB23.11553

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

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

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

|         |
|---------|
| 5000.00 |
|---------|

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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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

Full Name (Last, First, Middle Initial)

**A. MARTIN HEINRICH FOR SENATE**

Mailing Address P.O. BOX 25763

City ALBUQUERQUE State NM Zip Code 87125

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 06    | / | 2012      |

Transaction ID : SB23.11520

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. MCCASKILL FOR MISSOURI 2012**

Mailing Address 700 13TH STREET NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 06    | / | 2012      |

Transaction ID : SB23.11516

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. MCDOWELL FOR CONGRESS**

Mailing Address 10820 GLEN STREET

City RUDYARD State MI Zip Code 49780

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MI District: 01

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    | / | 20    | / | 2012      |

Transaction ID : SB23.11572

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

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

|         |
|---------|
| 6000.00 |
|---------|

**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 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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

Full Name (Last, First, Middle Initial)

**A. MCNERNEY FOR CONGRESS**

Mailing Address P.O. BOX 690371

City STOCKTON State CA Zip Code 95269

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 20    |   | 2012      |

**Transaction ID : SB23.11537**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. MONTANANS FOR TESTER**

Mailing Address PO BOX 3171

City BILLINGS State MT Zip Code 59103

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 06    |   | 2012      |

**Transaction ID : SB23.11518**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. PACE FOR CONGRESS**

Mailing Address PO BOX 1510

City PUEBLO State CO Zip Code 81002

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CO District: 03

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 20    |   | 2012      |

**Transaction ID : SB23.11551**

Amount of Each Disbursement this Period

|         |
|---------|
| 1500.00 |
|---------|

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

|         |
|---------|
| 7500.00 |
|---------|

**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 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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES**

Full Name (Last, First, Middle Initial)

**A. PEOPLE FOR BEN**

Mailing Address PO BOX 31129

City State Zip Code  
SANTA FE NM 87594

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NM District: 03

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 20    |   | 2012      |

Transaction ID : SB23.11531

Amount of Each Disbursement this Period

|        |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)

**B. SCOTT PETERS FOR CONGRESS**

Mailing Address 330 ENCINITAS BLVD., STE. 101

City State Zip Code  
ENCINITAS CA 92024

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 52

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 20    |   | 2012      |

Transaction ID : SB23.11549

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. SEAN PATRICK MALONEY FOR CONGRESS**

Mailing Address 18 W MAIN ST

City State Zip Code  
BEACON NY 12508

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 18

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 21    |   | 2012      |

Transaction ID : SB23.11584

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

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

|         |
|---------|
| 4000.00 |
|---------|

**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 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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES**

Full Name (Last, First, Middle Initial)

**A. STEVE ISRAEL FOR CONGRESS COMMITTEE**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 06    |   | 2012      |

Mailing Address P.O. BOX 777

**Transaction ID : SB23.11527**

City State Zip Code  
DEER PARK NY 11729

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: NY District: 03

Full Name (Last, First, Middle Initial)

**B. TAMMY BALDWIN FOR SENATE**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 06    |   | 2012      |

Mailing Address P.O. BOX 696

**Transaction ID : SB23.11511**

City State Zip Code  
MADISON WI 53701

Amount of Each Disbursement this Period

|         |
|---------|
| 4000.00 |
|---------|

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: WI District: 00

Full Name (Last, First, Middle Initial)

**C. TIM BISHOP FOR CONGRESS**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08    |   | 21    |   | 2012      |

Mailing Address PO BOX 437

**Transaction ID : SB23.11583**

City State Zip Code  
FARMINGVILLE NY 11738

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: NY District: 01

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

|         |
|---------|
| 6000.00 |
|---------|

**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 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)  
**POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYES**

Full Name (Last, First, Middle Initial)

**A. VAL DEMINGS FOR CONGRESS**

Mailing Address P.O. BOX 536926

City ORLANDO State FL Zip Code 32853

Purpose of Disbursement  
VOLUNTARY CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: FL District: 10

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 20 / 2012

Transaction ID : SB23.11555

Amount of Each Disbursement this Period

500.00

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) ▼

Category/  
Type

Date of Disbursement

M M / 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) ▼

Category/  
Type

Date of Disbursement

M M / 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)..... ▶

500.00

72000.00