

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
THEATRICAL PROTECTIVE UNION LOCAL NO ONE IATSE NEW YORK CITY STAGEHANDS PAC INC

A. FRIEDMAN, MITCHELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 CYRUS POINT

City BAYVILLE	State NY	Zip Code 11709
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Multiple employers	Occupation (for Individual) Stagehand
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 28 / 2016

Transaction ID : SA11AI.9080

Amount of Each Receipt this Period
 115.00

Memo Item

B. FRIEDMAN, MITCHELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18 CYRUS POINT

City BAYVILLE	State NY	Zip Code 11709
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Multiple employers	Occupation (for Individual) Stagehand
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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
 07 / 28 / 2016

Transaction ID : SA11AI.9118

Amount of Each Receipt this Period
 10.00

Memo Item

C. MANNO, ANTHONY, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32 CEDARLAWN BLVD

City VALLEY STREAM	State NY	Zip Code 11580
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TPU Local One Union	Occupation (for Individual) Stagehand
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 282.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016

Transaction ID : SA11AI.9066

Amount of Each Receipt this Period
 22.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	147.00
TOTAL This Period (last page this line number only).....	