

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 POLITICAL ACTION COMMITTEE OF THE INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES

ADDRESS (number and street) 207 WEST 25TH STREET 4TH FLOOR NEW YORK NY 10001 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00344325 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 04 01 2013 through 04 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John R Ford

Signature of Treasurer John R Ford [Electronically Filed] Date 05 15 2013

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

**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 This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="18207.02"/>	<input type="text" value="18207.02"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="30318.35"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4644.69"/>	<input type="text" value="28193.48"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="34963.04"/>	<input type="text" value="46400.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2347.56"/>	<input type="text" value="13785.02"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32615.48"/>	<input type="text" value="32615.48"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

## DETAILED SUMMARY PAGE of Receipts

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 04 / 01 / 2013 To: M M / D D / Y Y Y Y 04 / 30 / 2013

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1344.60	4099.93
(ii) Unitemized .....	3299.46	24092.40
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4644.06	28192.33
(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) .....	4644.06	28192.33
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.63	1.15
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))..... ▶	4644.69	28193.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4644.69	28193.48

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	347.56	1585.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	347.56	1585.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	11000.00
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	1200.00
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)) ..	2347.56	13785.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2347.56	13785.02

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4644.06	28192.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4644.06	28192.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	347.56	1585.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	347.56	1585.02

**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 19
<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

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

Mailing Address 3001 Harrison Avenue

City Orlando State FL Zip Code 32804

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 ▼ 320.00

Date of Receipt 04 / 09 / 2013  
**Transaction ID : SA11AI.15404**

Amount of Each Receipt this Period 40.00

PAYROLL AUTHORIZATION \$40/MO

**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 ▼ 303.06

Date of Receipt 04 / 09 / 2013  
**Transaction ID : SA11AI.15405**

Amount of Each Receipt this Period 36.92

PAYROLL AUTHORIZATION

**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 International Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 04 / 09 / 2013  
**Transaction ID : SA11AI.15406**

Amount of Each Receipt this Period 40.00

PAYROLL AUTHORIZATION \$40/MO

**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 7 OF 19
<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. 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 International Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 320.00

Date of Receipt 04 / 09 / 2013  
Transaction ID : SA11AI.15407  
Amount of Each Receipt this Period 40.00  
PAYROLL AUTHORIZATION \$40/MO

**B. Daniel Dashman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6 Dailey Drive  
City Crouton-On-Hudson State NY Zip Code 10520  
FEC ID number of contributing federal political committee. C  
Name of Employer Various Entertainment Employer Occupation Stagehand  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 260.00

Date of Receipt 04 / 15 / 2013  
Transaction ID : SA11AI.15279  
Amount of Each Receipt this Period 40.00  
CONTRIBUTION

**C. 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. C  
Name of Employer IATSE Local 80 Occupation Business Representative  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 270.00

Date of Receipt 04 / 09 / 2013  
Transaction ID : SA11AI.15385  
Amount of Each Receipt this Period 20.00  
PAYROLL AUTHORIZATION \$20/MO

**SUBTOTAL** of Receipts This Page (optional)..... 100.00  
**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 8 OF 19
	<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 International Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **04 / 09 / 2013**

**Transaction ID : SA11AI.15408**

Amount of Each Receipt this Period **40.00**

PAYROLL AUTHORIZATION \$40/MO

**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 ▼ **220.00**

Date of Receipt **04 / 09 / 2013**

**Transaction ID : SA11AI.15410**

Amount of Each Receipt this Period **40.00**

PAYROLL AUTHORIZATION \$40/MO

**C. 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 Director Broadcast

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **04 / 09 / 2013**

**Transaction ID : SA11AI.15411**

Amount of Each Receipt this Period **40.00**

PAYROLL AUTHORIZATION \$40/MO

**SUBTOTAL** of Receipts This Page (optional)..... **120.00**

**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 9 OF 19
<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. Brian W. Faulkner**  
Full Name (Last, First, Middle Initial)

Mailing Address P O Box 571528

City Murray State UT Zip Code 84157

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

Name of Employer IATSE Occupation International Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 09 / 2013  
Transaction ID : SA11Al.15412

Amount of Each Receipt this Period 40.00

PAYROLL AUTHORIZATION \$40/MO

**B. Jamie Fry**  
Full Name (Last, First, Middle Initial)

Mailing Address 4733 E Hampton St

City Tucson State AZ Zip Code 85712

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

Name of Employer IATSE Occupation International Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 09 / 2013  
Transaction ID : SA11Al.15413

Amount of Each Receipt this Period 40.00

PAYROLL AUTHORIZATION \$40/MO

**C. 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 ▼ 260.00

Date of Receipt 04 / 15 / 2013  
Transaction ID : SA11Al.15293

Amount of Each Receipt this Period 40.00

CONTRIBUTION \$40/MO

**SUBTOTAL** of Receipts This Page (optional).....▶ 120.00

**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 10 OF 19
	<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. 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 International Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **203.06**

Date of Receipt  
MM / DD / YYYY  
**04 / 09 / 2013**

**Transaction ID : SA11Al.15415**

Amount of Each Receipt this Period  
**36.92**

PAYROLL AUTHORIZATION

**B. Scott Harbinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 9055 Meadowvale Court

City Ellicott City State MD Zip Code 21042

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

Name of Employer IATSE Occupation International Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
MM / DD / YYYY  
**04 / 09 / 2013**

**Transaction ID : SA11Al.15418**

Amount of Each Receipt this Period  
**40.00**

PAYROLL AUTHORIZATION \$40/MO

**C. Corinthia Faye Harper**  
Full Name (Last, First, Middle Initial)

Mailing Address 2695 Dayview Lane

City Atlanta State GA Zip Code 30331

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

Name of Employer IATSE Occupation International Trustee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **303.06**

Date of Receipt  
MM / DD / YYYY  
**04 / 09 / 2013**

**Transaction ID : SA11Al.15419**

Amount of Each Receipt this Period  
**36.92**

PAYROLL AUTHORIZATION

**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: (check only one)	PAGE 11 OF 19
	<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. David J. Hartnett Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 528 Knoll Street

City State Zip Code  
Pittsburg PA 15212

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
IATSE International Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.15420**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address P. O. Box 7625

City State Zip Code  
Portland OR 37148

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
IASTE International Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.15423**

Amount of Each Receipt this Period

PAYROLL AUTHORIZATION \$100/MO

**C. Brian J. Lawlor**  
Full Name (Last, First, Middle Initial)

Mailing Address 350 West 50th St #18G

City State Zip Code  
New York NY 10019

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
IATSE International Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.15425**

Amount of Each Receipt this Period

PAYROLL AUTHORIZATION \$40/MO

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="180.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 19
<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. 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 ▼ **220.00**

Date of Receipt **04 / 09 / 2013**

**Transaction ID : SA11AI.15426**

Amount of Each Receipt this Period **40.00**

PAYROLL AUTHORIZATION \$40/MO

**B. 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 Asst Diector MP & TV Prod.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **203.06**

Date of Receipt **04 / 09 / 2013**

**Transaction ID : SA11AI.15427**

Amount of Each Receipt this Period **36.92**

PAYROLL AUTHORIZATION

**C. 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 Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **04 / 15 / 2013**

**Transaction ID : SA11AI.15336**

Amount of Each Receipt this Period **40.00**

CONTRIBUTION

**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 13 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. MICHAEL MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1610 IRVING AVE

City Glendale	State CA	Zip Code 91201
------------------	-------------	-------------------

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

Name of Employer IATSE	Occupation INTERNATIONAL VP
---------------------------	--------------------------------

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
04	/	09	/	2013

**Transaction ID : SA11AI.15429**

Amount of Each Receipt this Period  

40.00
-------

**PAYROLL AUTHORIZATION \$40/MO**

**B. Russell Nordstedt**  
Full Name (Last, First, Middle Initial)

Mailing Address 6301 tunney Ave

City Tarzana	State CA	Zip Code 91335-6562
-----------------	-------------	------------------------

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

Name of Employer IATSE Local 80	Occupation President/Business Representat
------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2013

**Transaction ID : SA11AI.15384**

Amount of Each Receipt this Period  

40.00
-------

**CONTRIBUTION**

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

Mailing Address 238 Neodie Mountain Rd.

City Tuskasegee	State SC	Zip Code 28783
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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 ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2013

**Transaction ID : SA11AI.15253**

Amount of Each Receipt this Period  

50.00
-------

**PAYROLL AUTHORIZATION**

<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 14 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Jason Rosin**  
Full Name (Last, First, Middle Initial)

Mailing Address 6816 Hailsham Drive

City State Zip Code  
Wilmington NC 28412

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

Name of Employer Occupation  
IATSE Local 491 Business Representative

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  
04 / 16 / 2013  
**Transaction ID : SA11AI.15254**

Amount of Each Receipt this Period  
50.00

PAYROLL AUTHORIZATION

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

Mailing Address 5144 Carrollton Ave

City State Zip Code  
Indianapolis IN 46205

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

Name of Employer Occupation  
IATSE Local 893 Int'l Business Representative

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  
04 / 09 / 2013  
**Transaction ID : SA11AI.15431**

Amount of Each Receipt this Period  
40.00

PAYROLL AUTHORIZATION \$40/MO

**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  
IATSE International Representative

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  
04 / 09 / 2013  
**Transaction ID : SA11AI.15432**

Amount of Each Receipt this Period  
40.00

PAYROLL AUTHORIZATION \$40/MO

<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:	PAGE 15 OF 19
	(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. Lyle Trachtenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 10045 Riverside DR #200

City Toluca Lake	State CA	Zip Code 91602
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FEC ID number of contributing federal political committee. **C**

Name of Employer IATSE	Occupation International Representative
---------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **303.06**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		09		2013

**Transaction ID : SA11Al.15433**

Amount of Each Receipt this Period  

36.92
-------

PAYROLL AUTHORIZATION

**B. 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 International Representative
---------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		09		2013

**Transaction ID : SA11Al.15434**

Amount of Each Receipt this Period  

40.00
-------

PAYROLL AUTHORIZATION \$40/MO

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

Mailing Address 493 S. Euclid Avenue #3

City Pasadena	State CA	Zip Code 91101
------------------	-------------	-------------------

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

Name of Employer IATSE Local 600	Occupation Business Representative
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		09		2013

**Transaction ID : SA11Al.15403**

Amount of Each Receipt this Period  

60.00
-------

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>136.92</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 16 OF 19  
(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. James G Varga**

Mailing Address 8247 Kyle Street

City Sunland	State CA	Zip Code 91040
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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 ▼  
270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : SA11AI.15435**

Amount of Each Receipt this Period  
40.00

PAYROLL AUTHORIZATION \$40/MO

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

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 Education and Training Directo
---------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2013  
**Transaction ID : SA11AI.15436**

Amount of Each Receipt this Period  
40.00

CONTRIBUTION

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

Mailing Address

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

Name of Employer	Occupation
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1344.60



**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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 01 / 2013

Transaction ID : SB21B.15209

Amount of Each Disbursement this Period

3.40

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 08 / 2013

Transaction ID : SB21B.15210

Amount of Each Disbursement this Period

25.00

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 15 / 2013

Transaction ID : SB21B.15211

Amount of Each Disbursement this Period

268.45

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

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

296.85

# 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 EMPLOYEES**

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 Y
04	/	22	/	2013

Transaction ID : SB21B.15212

Amount of Each Disbursement this Period

18.45
-------

Full Name (Last, First, Middle Initial)

### B. Chase Bank

Mailing Address 1430 Broadway

City New York State NY Zip Code 10018

Purpose of Disbursement  
BANK 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 Y
04	/	03	/	2013

Transaction ID : SB21B.15449

Amount of Each Disbursement this Period

32.26
-------

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

50.71
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347.56
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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 JOE BACA**

Mailing Address 800 4TH STREET, SW  
#S-720

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**BACA, JOE**

Office Sought:  House  
 Senate  
 President  
State: CA District: 31

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	12	/	2013

**Transaction ID : SB23.15218**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. STEPHEN LYNCH FOR SENATE**

Mailing Address 105 FARRAGUT RD

City SOUTH BOSTON State MA Zip Code 02127

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**LYNCH, STEPHEN F**

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	25	/	2013

**Transaction ID : SB23.15223**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. TAMMY DUCKWORTH FOR CONGRESS**

Mailing Address 33 SOUTH STATE STREET  
SUITE 400

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
**TAMMY L. DUCKWORTH**

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	01	/	2013

**Transaction ID : SB23.15215**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2000.00
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2000.00
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