

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 7  
(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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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.**

Full Name (Last, First, Middle Initial) DANIEL GILLOON		Date of Receipt MM / DD / YYYY 07 / 19 / 2010	
Mailing Address 787 SUMMIT AVE		Transaction ID: SA11AI.4315	
City JERSEY CITY	State NJ	Zip Code 07307	Amount of Each Receipt this Period 280.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

**B.**

Full Name (Last, First, Middle Initial) DANIEL GILLOON		Date of Receipt MM / DD / YYYY 08 / 12 / 2010	
Mailing Address 787 SUMMIT AVE		Transaction ID: SA11AI.4329	
City JERSEY CITY	State NJ	Zip Code 07307	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	295.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	295.00