

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Workers' Voice

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="2012"/>	<input type="text" value="3065475.17"/>	<input type="text" value="3065475.17"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4092196.42"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1198138.62"/>	<input type="text" value="3400132.08"/>
(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="5290335.04"/>	<input type="text" value="6465607.25"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3405293.66"/>	<input type="text" value="4580565.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1885041.38"/>	<input type="text" value="1885041.38"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

Write or Type Committee Name

Workers' Voice

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

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).....	253410.00	1253410.00
(ii) Unitemized	15881.01	15881.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	269291.01	1269291.01
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	928412.50	2130000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1197703.51	3399291.01
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.).....	435.11	841.07
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))..... ▶	1198138.62	3400132.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1198138.62	3400132.08

DETAILED SUMMARY PAGE
of Disbursements

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	405756.09	406119.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	405756.09	406119.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	2402.34	2402.34
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	2997135.23	4172043.54
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)) ..	3405293.66	4580565.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3405293.66	4580565.87

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)	1197703.51	3399291.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1197703.51	3399291.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	405756.09	406119.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	405756.09	406119.99

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. American Postal Workers Union

Mailing Address 1300 L Street, NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2012
Transaction ID : C8575388

Amount of Each Receipt this Period
 125000.00

Full Name (Last, First, Middle Initial)
B. American Postal Workers Union

Mailing Address 1300 L Street, NW

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2012
Transaction ID : C8575389

Amount of Each Receipt this Period
 125000.00

Full Name (Last, First, Middle Initial)
C. Elliott & Martha Andalman

Mailing Address 6 Montgomery Ave

City Takoma Park State MD Zip Code 20912

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

Name of Employer Occupation
 Andalman and Flynn Lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2012
Transaction ID : C8623749

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 250250.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 35
	<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)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. Ron Daley

Mailing Address PO Box 196

City Argyle State WI Zip Code 53504

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

Name of Employer Retired Occupation Artist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : C8675691

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Alison Gomez

Mailing Address 808 n main st

City Ft Atkinson State WI Zip Code 53538

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

Name of Employer Dean Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2012
Transaction ID : C8623797

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Alison Gomez

Mailing Address 808 n main st

City Ft Atkinson State WI Zip Code 53538

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

Name of Employer Dean Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : C8675704

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Workers' Voice

A. Kirk Knutsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 4100 Mansion Hall Ct
 City Las Vegas State NV Zip Code 89129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Meadow School Occupation Teacher
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 05 / 08 / 2012
Transaction ID : C8596015
 Amount of Each Receipt this Period
500.00

B. Joanne Lyman
 Full Name (Last, First, Middle Initial)
 Mailing Address 163 East 81st Street
 City New York State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Designer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 05 / 17 / 2012
Transaction ID : C8605769
 Amount of Each Receipt this Period
250.00

C. Peter Meyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1868 Columbia Road, NW #314
 City Washington State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Library of Congress Occupation Social Science Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **210.00**

Date of Receipt
 05 / 02 / 2012
Transaction ID : C8588219
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	850.00
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 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. Peter Meyer

Mailing Address 1868 Columbia Road, NW #314

City Washington	State DC	Zip Code 20009
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FEC ID number of contributing federal political committee. **C**

Name of Employer Library of Congress	Occupation Social Science Analyst
---	--------------------------------------

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
05 / 08 / 2012

Transaction ID : C8596072

Amount of Each Receipt this Period
100.00

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

Mailing Address 1868 Columbia Road, NW #314

City Washington	State DC	Zip Code 20009
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FEC ID number of contributing federal political committee. **C**

Name of Employer Library of Congress	Occupation Social Science Analyst
---	--------------------------------------

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
06 / 04 / 2012

Transaction ID : C8656485

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
C. Neal Stender

Mailing Address 97 Tin Hau Temple Road
Flat 505, 5/F

City North Point, Hong Kong	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer Orrick	Occupation Lawyer
----------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2012

Transaction ID : C8623067

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional).....▶	710.00
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 10 OF 35
(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)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. Paul Surovell

Mailing Address 101 Plymouth Avenue

City Maplewood	State NJ	Zip Code 07040
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FEC ID number of contributing federal political committee. **C**

Name of Employer NY City Department of Education	Occupation Teacher
---	-----------------------

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
05	/	26	/	2012

Transaction ID : C8620307

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Andrew Tobias

Mailing Address 787 NE 71 St

City Miami	State FL	Zip Code 33138
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Writer
-----------------------------------	----------------------

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
05	/	17	/	2012

Transaction ID : C8605698

Amount of Each Receipt this Period
500.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	253410.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 OF 35
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. AMERICAN POSTAL WORKERS UNION COMMITTEE ON POLITIC

Mailing Address 1300 L St NW

City Washington State DC Zip Code 20005-4107

FEC ID number of contributing federal political committee. **C** C00010322

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2012
Transaction ID : C8575366

Amount of Each Receipt this Period
 125000.00

Full Name (Last, First, Middle Initial)
B. IBEW COPE

Mailing Address 900 Seventh Street, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2012
Transaction ID : C8660905

Amount of Each Receipt this Period
 223412.50

Full Name (Last, First, Middle Initial)
C. SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNAT'L UNION OF NA-AGLIWD DIST (SPAD)

Mailing Address 5201 AUTH WAY

City CAMP SPRINGS State MD Zip Code 20746

FEC ID number of contributing federal political committee. **C** C00004325

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
80000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2012
Transaction ID : C8584732

Amount of Each Receipt this Period
 80000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 428412.50

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 35
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial)
A. United Steelworkers of America Political Action Fund

Mailing Address Political Action Fund
5 Gateway Center

City Pittsburg State PA Zip Code 15222

FEC ID number of contributing federal political committee. **C** C00003590

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500000.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2012

Transaction ID : C8620137

Amount of Each Receipt this Period
500000.00

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500000.00
TOTAL This Period (last page this line number only).....▶	928412.50

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 35
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial) A. Amalgamated Bank of Chicago		Date of Receipt
Mailing Address One West Monroe		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Chicago	State IL	Zip Code 60603
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C8580052
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="140.54"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	*
<input type="text" value="841.07"/>		

Full Name (Last, First, Middle Initial) B. Amalgamated Bank of Chicago		Date of Receipt
Mailing Address One West Monroe		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Chicago	State IL	Zip Code 60603
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C8622632
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="152.45"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	*
<input type="text" value="841.07"/>		

Full Name (Last, First, Middle Initial) C. Amalgamated Bank of Chicago		Date of Receipt
Mailing Address One West Monroe		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Chicago	State IL	Zip Code 60603
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C8674892
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="142.12"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	*
<input type="text" value="841.07"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="435.11"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="435.11"/>

**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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 Sixteenth Street, N.W.

City Washington State DC Zip Code 20006-4101

Purpose of Disbursement
Reimb Admin Costs for Operating PAC April

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2012

Transaction ID : D432054

Amount of Each Disbursement this Period

21182.00

Full Name (Last, First, Middle Initial)

B. AFL-CIO

Mailing Address 815 Sixteenth Street, N.W.

City Washington State DC Zip Code 20006-4101

Purpose of Disbursement
Reimb Admin Costs for Operating PAC May

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2012

Transaction ID : D433770

Amount of Each Disbursement this Period

21182.00

Full Name (Last, First, Middle Initial)

C. AFL-CIO

Mailing Address 815 Sixteenth Street, N.W.

City Washington State DC Zip Code 20006-4101

Purpose of Disbursement
Reimb Admin Costs for Operating PAC June

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2012

Transaction ID : D436641

Amount of Each Disbursement this Period

21182.00

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

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

63546.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank of Chicago

Mailing Address One West Monroe

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank Service Fee for April

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2012

Transaction ID : D433185

Amount of Each Disbursement this Period

38.10

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank of Chicago

Mailing Address One West Monroe

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank Service Fee for June

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2012

Transaction ID : D440361

Amount of Each Disbursement this Period

71.95

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank of Chicago

Mailing Address One West Monroe

City Chicago State IL Zip Code 60603

Purpose of Disbursement
Bank Service Fee for May

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2012

Transaction ID : D436591

Amount of Each Disbursement this Period

38.10

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

148.15

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Baumgarten

Mailing Address 325 Washington Voulevard

City Laurel State MD Zip Code 20707-4617

Purpose of Disbursement
Signature Stamp Asst Treasurer

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	2

Transaction ID : D436648

Amount of Each Disbursement this Period

4	8	.	0	7
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Blue State Digital, Inc.

Mailing Address 406 7th Street, NW 3rd

City Washington State DC Zip Code 20004

Purpose of Disbursement
Liscensing and Online Fee May

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	2

Transaction ID : D434417

Amount of Each Disbursement this Period

5	0	5	.	5	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Blue State Digital, Inc.

Mailing Address 406 7th Street, NW 3rd

City Washington State DC Zip Code 20004

Purpose of Disbursement
Toolset Set-Up Project Fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	2

Transaction ID : D432053

Amount of Each Disbursement this Period

2	4	4	.	5	0
---	---	---	---	---	---

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

2	9	9	.	8	5	7
---	---	---	---	---	---	---

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

2	9	9	.	8	5	7
---	---	---	---	---	---	---

**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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Blue State Digital, Inc.

Mailing Address 406 7th Street, NW 3rd

City Washington State DC Zip Code 20004

Purpose of Disbursement
Licensing and Online Fee June

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D438908

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. New Partners Consulting, Inc.

Mailing Address 1250 Eye Street, NW #200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Website Development and Advertising

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D433769

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. NGP VAN, INC.

Mailing Address 1225 Eye Street, NW
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement
Qtrly Fee for PAC Support

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D432979

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Online Fundraising Monthly Fee April

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
0	4		3	0		2	0	1	2

Transaction ID : D433651

Amount of Each Disbursement this Period

3	0	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Online Fundraising Transaction Fees

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
0	5		1	7		2	0	1	2

Transaction ID : D434446

Amount of Each Disbursement this Period

9	2	.	1	7
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Online Fundraising Transaction Fees

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
0	4		1	7		2	0	1	2

Transaction ID : D432177

Amount of Each Disbursement this Period

9	1	.	4	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2	1	3	.	5	7
---	---	---	---	---	---

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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 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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Online Fundraising Transaction Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D432973

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Online Fundraising Transaction Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D432974

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Online Fundraising Transaction Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D433721

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Online Fundraising Transaction Fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2012

Transaction ID : D435302

Amount of Each Disbursement this Period

195.21

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Online Fundraising Transaction Fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2012

Transaction ID : D436480

Amount of Each Disbursement this Period

132.93

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Online Fundraising Transaction Fees

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2012

Transaction ID : D436730

Amount of Each Disbursement this Period

94.53

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

422.67

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Online Fundraising Transaction Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	2

Transaction ID : D438526

Amount of Each Disbursement this Period

5	9	.	4	1
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Online Fundraising Transaction Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

Transaction ID : D438534

Amount of Each Disbursement this Period

2	8	.	8	9
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. PayPal

Mailing Address 4100 Solutions Center, #774100

City Chicago State IL Zip Code 60677-4001

Purpose of Disbursement
Online Fundraising Transaction Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	2

Transaction ID : D440442

Amount of Each Disbursement this Period

3	.	7	8
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SUBTOTAL of Disbursements This Page (optional)..... ▶

9	2	.	0	8
---	---	---	---	---

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

4	0	5	7	5	6	.	0	9
---	---	---	---	---	---	---	---	---

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. AFL-CIO

Mailing Address 815 Sixteenth Street, N.W.

City Washington State DC Zip Code 20006-4101

Purpose of Disbursement
Polling

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

005
Category/
Type

Date of Disbursement

/ /

Transaction ID : D438909

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. American Bridge 21st Century

Mailing Address 455 Massachusetts Avenue, NW
6th Floor

City Washington State DC Zip Code 20001

Purpose of Disbursement
Research Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D434743

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Amicus FTW Inc

Mailing Address 902 Broadway FL 4, #123

City New York State NY Zip Code 10010

Purpose of Disbursement
Subscription

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D436256

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Ballot Initiative Strategy Center

Mailing Address 1025 Connecticut Avenue, NW #216

City Washington State DC Zip Code 20036

Purpose of Disbursement
Donation

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	2

Transaction ID : D438906

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Campaign for Arizona's Future PAC

Mailing Address 2401 N. Central Avenue, Suite 100

City Phoenix State AZ Zip Code 85004

Purpose of Disbursement
Donation

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

Transaction ID : D434742

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Colleen O'Neill

Mailing Address 283 College Manor Drive

City Arnold State MD Zip Code 21012

Purpose of Disbursement
Proofing

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	2

Transaction ID : D437473

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	3	0	0	2	5	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	3	0	0	2	5	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Colleen O'Neill

Mailing Address 283 College Manor Drive

City State Zip Code
Arnold MD 21012

Purpose of Disbursement
Proofing

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 29 / 2012

Transaction ID : D438701

Amount of Each Disbursement this Period

27.88

Full Name (Last, First, Middle Initial)

B. DockYard, LLC

Mailing Address 171 Wiswall Road

City State Zip Code
Newton Center MA 02459

Purpose of Disbursement
Website Design

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2012

Transaction ID : D436862

Amount of Each Disbursement this Period

72000.00

Full Name (Last, First, Middle Initial)

C. Latino Engagement Action Fund/The Advocacy Fund

Mailing Address 1012 Tomey Avenue

City State Zip Code
San Francisco CA 94129

Purpose of Disbursement
2012 Contribution

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2012

Transaction ID : D436257

Amount of Each Disbursement this Period

200000.00

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

272027.88

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Lexicon

Mailing Address 10300 Farnham Drive

City State Zip Code
Bethesda MD 20814

Purpose of Disbursement
Design WV Materials

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2012

Transaction ID : D438426

Amount of Each Disbursement this Period

145.35

Full Name (Last, First, Middle Initial)

B. National Coalition on Black Civic Participation

Mailing Address Executive Director Melanie Campbel
1050 Connecticut Avenue, NW #1000

City State Zip Code
Washington DC 20036

Purpose of Disbursement
Donation

012

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2012

Transaction ID : D436644

Amount of Each Disbursement this Period

120000.00

Full Name (Last, First, Middle Initial)

C. NCEC Services, Inc.

Mailing Address 122 C Street, NW Suite 650

City State Zip Code
Washington DC 20001

Purpose of Disbursement
Election Data & Polling Svs

005

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2012

Transaction ID : D438907

Amount of Each Disbursement this Period

125000.00

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

245145.35

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. New Partners Consulting, Inc.

Mailing Address 1250 Eye Street, NW #200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Online Media Advertising

004

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : D436485

Amount of Each Disbursement this Period

113300.00

Full Name (Last, First, Middle Initial)

B. New Partners Consulting, Inc.

Mailing Address 1250 Eye Street, NW #200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Media Consulting May 2012

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2012

Transaction ID : D433653

Amount of Each Disbursement this Period

8000.00

Full Name (Last, First, Middle Initial)

C. New Partners Consulting, Inc.

Mailing Address 1250 Eye Street, NW #200

City Washington State DC Zip Code 20005

Purpose of Disbursement
Media Consulting April 2012

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2012

Transaction ID : D429908

Amount of Each Disbursement this Period

8000.00

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

129300.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. NGP VAN, INC.

Mailing Address 1225 Eye Street, NW
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement
April Licensing & Hosting Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D406070

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. NGP VAN, INC.

Mailing Address 1225 Eye Street, NW
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement
May Licensing & Hosting Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D432989

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. NGP VAN, INC.

Mailing Address 1225 Eye Street, NW
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement
June Licensing & Hosting Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D436645

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. NGP VAN, INC.

Mailing Address 1225 Eye Street, NW
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement
Non Federal Predictive Dialer Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

004
Category/
Type

Date of Disbursement

/ /

Transaction ID : D436646

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. NGP VAN, INC.

Mailing Address 1225 Eye Street, NW
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement
System Develop/Mthly Hosting July

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : D438905

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Project New West

Mailing Address 191 University Blvd., #831

City Denver State CO Zip Code 80204-4613

Purpose of Disbursement
Polling and Research Svs

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

005
Category/
Type

Date of Disbursement

/ /

Transaction ID : D438910

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Workers' Voice

Full Name (Last, First, Middle Initial)

A. Southeast Asian Resource Action Center SEARAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2012

Mailing Address 1628 16th Street, NW

Transaction ID : D439196

City Washington State DC Zip Code 20009

Amount of Each Disbursement this Period

50000.00

Purpose of Disbursement
Donation

012
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Voters First

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2012

Mailing Address 545 E. Town Street

Transaction ID : D439197

City Columbus State OH Zip Code 43215

Amount of Each Disbursement this Period

10000.00

Purpose of Disbursement
Donation

012
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Wisconsin State AFL-CIO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2012

Mailing Address 6333 W. Blue Mound Road

Transaction ID : D438911

City Milwaukee State WI Zip Code 53213

Amount of Each Disbursement this Period

128000.00

Purpose of Disbursement
Donation

012
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

278000.00

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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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Workers' Voice

Full Name (Last, First, Middle Initial)

A. Working America

Mailing Address 815 16th Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Donation

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : D434744

Amount of Each Disbursement this Period

150000.00

Full Name (Last, First, Middle Initial)

B. Working America

Mailing Address 815 16th Street NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Donation

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 02 / 2012

Transaction ID : D405304

Amount of Each Disbursement this Period

753888.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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)..... ▶

903888.00

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

2997135.23

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-top: -15px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">04 / 21 / 2012</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>
Mailing Address 10300 Farnham Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: right;">166.28</div>
City State Zip Code Bethesda MD 20814	Transaction ID : D428938	
Purpose of Expenditure Design Fliers	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: right;">2402.34</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Allegheny Commercial Printing		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">04 / 14 / 2012</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div>	
Mailing Address 1627 Penn Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: right;">334.73</div>	
City State Zip Code Pittsburgh PA 15222		Transaction ID : D430944	
Purpose of Expenditure Flier Printing Expenses	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: right;">2402.34</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: right;">501.01</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature [Electronically Filed] Date

M M M / D D D / Y Y Y Y Y Y

05 / 30 / 2012

M M M / D D D / Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Allegheny Commercial Printing		Date MM / DD / YYYY 04 / 14 / 2012
Mailing Address 1627 Penn Ave		Amount 375.00
City Pittsburgh	State PA	
Zip Code 15222	Transaction ID : D430946	
Purpose of Expenditure Flier Printing Expenses	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2402.34		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Allegheny Commercial Printing		Date MM / DD / YYYY 04 / 07 / 2012
Mailing Address 1627 Penn Ave		Amount 125.00
City Pittsburgh	State PA	
Zip Code 15222	Transaction ID : D430947	
Purpose of Expenditure Flier Printing Expenses	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2402.34		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY **05 / 30 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date M M M / D D D / Y Y Y Y Y Y 06 / 14 / 2012
Mailing Address 283 College Manor Drive		Amount 21.40
City Arnold	State Zip Code MD 21012	
Purpose of Expenditure Proofing Services for Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2402.34		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D436274

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2012
Mailing Address 10300 Farnham Drive		Amount 166.35
City Bethesda	State Zip Code MD 20814	
Purpose of Expenditure Design Fliers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2402.34		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D434449

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	187.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2012

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ C C00484287
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee PPI Graphics		Date M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2012
Mailing Address P.O. Box 21220		Amount 691.78
City Canton	State OH	
Zip Code 44701-1220		Transaction ID : D434447
Purpose of Expenditure Flier Printing Expenses	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2402.34		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		M M M / D D D / Y Y Y Y Y Y
City	State	Amount
Zip Code		M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	691.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	2402.34

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2012

Signature