

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER C C00484287
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 04 / 15 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Allegheny Commercial Printing		Date MM / DD / YYYY 04 / 14 / 2012
Mailing Address 1627 Penn Ave		Amount 334.73
City Pittsburgh	State PA	
Purpose of Expenditure Flier Printing Expenses	Category/ Type 004	Transaction ID : D430944
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1692.86		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		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 / 14 / 2012
Mailing Address 1627 Penn Ave		Amount 375.00
City Pittsburgh	State PA	
Purpose of Expenditure Flier Printing Expenses	Category/ Type 004	Transaction ID : D430946
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1692.86		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	709.73
(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

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NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
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Full Name (Last, First, Middle Initial) of Payee Allegheny Commercial Printing		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 07 / 2012 </div>
Mailing Address 1627 Penn Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 125.00 </div>
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 1692.86 		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Lexicon		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 07 / 2012 </div>
Mailing Address 10300 Farnham Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 166.35 </div>
City Bethesda State MD Zip Code 20814	Transaction ID : D434449	
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 1692.86 		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: 150px;"> 291.35 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 291.35 </div>

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Full Name (Last, First, Middle Initial) of Payee PPI Graphics		Date MM / DD / YYYY 04 / 14 / 2012
Mailing Address P.O. Box 21220		Amount 691.78
City Canton	State OH	Zip Code 44701-1220
Purpose of Expenditure Flier Printing Expenses	Category/ Type 004	Transaction ID : D434447
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 12 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1692.86		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		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		MM / DD / YYYY
City	State	Zip Code
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.....▶	1692.86

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Ms. Elizabeth H Shuler

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