

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

One Voice

ADDRESS (number and street) 1127 11th Street #225

Check if different than previously reported. (ACC) Sacramento CA 95814

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00403071

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 04 01 2008 through 06 30 2008

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 Malcolm Burnstein

Signature of Treasurer Electronically Filed by Malcolm Burnstein Date 07 15 2008

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
One Voice

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		17986.04
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	22659.99									
(c) Total Receipts (from Line 19)	8432.50	32176.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31092.49	50162.04								
7. Total Disbursements (from Line 31)	24417.09	43486.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6675.40	6675.40								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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
One Voice

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	7300.00	20200.00
(i) Itemized (use Schedule A)	1132.50	1976.00
(ii) Unitemized	8432.50	22176.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	10000.00
(c) Other Political Committees (such as PACs)	8432.50	32176.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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.)	0.00	0.00
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 Transfer (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))	8432.50	32176.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8432.50	32176.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	21117.09	40186.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	21117.09	40186.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3300.00	3300.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	24417.09	43486.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24417.09	43486.64

DETAILED SUMMARY PAGE
of Disbursements

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)	8432.50	32176.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8432.50	32176.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21117.09	40186.64
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21117.09	40186.64

**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 / 14
	<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)
One Voice

A.	Full Name (Last, First, Middle Initial) Cedric Bainton	Date of Receipt MM / DD / YYYY 05 / 04 / 2008
	Mailing Address 50 Ventura Avenue	Transaction ID: 11ai-185
	City State Zip Code San Francisco CA 94116	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UCSF Med Center Physician/Retired	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 250.00	

B.	Full Name (Last, First, Middle Initial) Kurt Brinkman	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 4377 Adeline Street	Transaction ID: 11ai-198
	City State Zip Code Emeryville CA 94608	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Intrepid Electronics Vice Chair	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) Cheri Shankar	Date of Receipt MM / DD / YYYY 04 / 01 / 2008
	Mailing Address 6345 Balboa Blvd.	Transaction ID: 11ai-178
	City State Zip Code Encino CA 91316	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Just So, Inc. Producer	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Calendar Year	Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	800.00
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 7 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
One Voice

A. Full Name (Last, First, Middle Initial)
Russell Simmons

Mailing Address 135 E 57th St

City State Zip Code
New York NY 10022

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Rush Communications Business Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 15 / 2008

Transaction ID: 11ai-188

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2699 White Rd Ste 251

City State Zip Code
Irvine CA 92614

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Townsend Public Affairs, Inc. President

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
05 / 19 / 2008

Transaction ID: 11ai-193

Amount of Each Receipt this Period
5000.00

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

Mailing Address 240 W 98 St

City State Zip Code
New York NY 10018

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Africa Channel TV Executive

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Calendar Year

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 15 / 2008

Transaction ID: 11ai-187

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) 6500.00

TOTAL This Period (last page this line number only) 7300.00

**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)
One Voice

A. Full Name (Last, First, Middle Initial) Articulated Man Inc. <hr/> Mailing Address 1508 W Sunnyside Ave <hr/> City Chicago State IL Zip Code 60640 <hr/> Purpose of Disbursement Internet consulting Candidate Name	Transaction ID: 21b-180 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 450.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

B. Full Name (Last, First, Middle Initial) Articulated Man Inc. <hr/> Mailing Address 1508 W Sunnyside Ave <hr/> City Chicago State IL Zip Code 60640 <hr/> Purpose of Disbursement Internet consulting Candidate Name	Transaction ID: 21b-189 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 150.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

C. Full Name (Last, First, Middle Initial) Blackrock Associates, LLC <hr/> Mailing Address 1936 University Ave Ste 191 <hr/> City Berkeley State CA Zip Code 94704 <hr/> Purpose of Disbursement Committee Fundraising Fee Candidate Name	Transaction ID: 21b-182 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 4087.77
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶	4687.77
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)
One Voice

A.	Full Name (Last, First, Middle Initial) Nathan Britton	Transaction ID: 21b-181 Date of Disbursement																			
	Mailing Address 20202 12th St NW # 610	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	2	3	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	5	/	2	3	/	2	0	0	8												
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Consulting	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																		
3000.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Nathan Britton	Transaction ID: 21b-186 Date of Disbursement																			
	Mailing Address 20202 12th St NW # 610	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	6	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	1	6	/	2	0	0	8												
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Consulting	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																		
3000.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Integrity Partners & Associates LLC	Transaction ID: 21b-168 Date of Disbursement																			
	Mailing Address 137 Entrada Dr # 2	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	0	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4	/	0	1	/	2	0	0	8												
	City Santa Monica State CA Zip Code 90402	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Committee Fundraising Fee	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name	<table border="1"><tr><td>003</td></tr></table> Category/Type	003																		
003																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>8500.00</td></tr></table>	8500.00
8500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

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)
One Voice

A.	Full Name (Last, First, Middle Initial) Integrity Partners & Associates LLC	Transaction ID: 21b-172
	Mailing Address 137 Entrada Dr # 2	Date of Disbursement MM / DD / YYYY 04 / 15 / 2008
	City Santa Monica State CA Zip Code 90402	Amount of Each Disbursement this Period 930.00
	Purpose of Disbursement Professional Event Planning Fee Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Integrity Partners & Associates LLC	Transaction ID: 21b-174
	Mailing Address 137 Entrada Dr # 2	Date of Disbursement MM / DD / YYYY 04 / 21 / 2008
	City Santa Monica State CA Zip Code 90402	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Committee Fundraising fee Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Patrick J. Kozlowski Accountancy Corp.	Transaction ID: 21b-173
	Mailing Address 1127 11th St Ste 225	Date of Disbursement MM / DD / YYYY 04 / 15 / 2008
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period 562.40
	Purpose of Disbursement Committee Accounting Services Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3992.40

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)

PAGE 11 / 14

<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)
One Voice

A.	Full Name (Last, First, Middle Initial) Patrick J. Kozlowski Accountancy Corp.	Transaction ID: 21b-179
	Mailing Address 1127 11th St Ste 225	Date of Disbursement MM / DD / YYYY 05 / 19 / 2008
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period 1011.40
	Purpose of Disbursement Committee Accounting Services	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Patrick J. Kozlowski Accountancy Corp.	Transaction ID: 21b-188
	Mailing Address 1127 11th St Ste 225	Date of Disbursement MM / DD / YYYY 06 / 23 / 2008
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period 858.00
	Purpose of Disbursement Committee Accounting Services	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) The California Building	Transaction ID: 21b-169
	Mailing Address 1736 Franklin St Ste 300	Date of Disbursement MM / DD / YYYY 04 / 01 / 2008
	City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period 624.00
	Purpose of Disbursement Office Rent	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	2493.40
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)

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<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)
One Voice

A.	Full Name (Last, First, Middle Initial) The California Building	Transaction ID: 21b-178 Date of Disbursement
	Mailing Address 1736 Franklin St Ste 300	<input type="text" value="05"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Rent	<input type="text" value="624.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The California Building	Transaction ID: 21b-183 Date of Disbursement
	Mailing Address 1736 Franklin St Ste 300	<input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Oakland State CA Zip Code 94612	Amount of Each Disbursement this Period
	Purpose of Disbursement Office Rent	<input type="text" value="624.00"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) U.S. Bank	Transaction ID: 21b-171 Date of Disbursement
	Mailing Address 980 9th Street	<input type="text" value="04"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card fee	<input type="text" value="30.00"/>
	Candidate Name	<input type="text" value="003"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1278.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

PAGE 13 / 14

<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)
One Voice

A.

Full Name (Last, First, Middle Initial)
U.S. Bank

Transaction ID: 21b-184
Date of Disbursement

Mailing Address 980 9th Street

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	8

City Sacramento State CA Zip Code 95814

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit card fee

003
Category/ Type

30.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
U.S. Bank

Transaction ID: 21b-185
Date of Disbursement

Mailing Address 980 9th Street

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

City Sacramento State CA Zip Code 95814

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit card fee

003
Category/ Type

132.65

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

162.65

TOTAL This Period (last page this line number only) ►

21114.22

**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)
One Voice

A. Full Name (Last, First, Middle Initial)
Andre Carson for Congress

Mailing Address One N Capitol St # 211

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement Political Contribution

Candidate Name Andre Carson

Office Sought: House Senate President

State: IN District: 07

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 23-175
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Kilpatrick for U.S. Congress

Mailing Address PO Box 32175

City Detroit State MI Zip Code 48232

Purpose of Disbursement Political Contribution

Candidate Name Carolyn Kilpatrick

Office Sought: House Senate President

State: MI District: 13

Disbursement For: 2008 Primary General Other (specify) ▼

Transaction ID: 23-187
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)