

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

PAGE 1 OF 101
FOR SE OF FORM 24/48

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

Full Name (Last, First, Middle Initial) of Payee Field Works		Date 10 / 16 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1852.89
City Washington State DC Zip Code 20008	Transaction ID : D465003	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1110412.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Field Works		Date 10 / 16 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1852.89
City Washington State DC Zip Code 20008	Transaction ID : D465004	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1110412.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	3705.78
(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

10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div>
Mailing Address 151 East Lost Toritos		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">690.49</div>
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		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: 150px; text-align: right;">1110412.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D465618

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div>
Mailing Address 151 East Lost Toritos		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">690.49</div>
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1110412.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D465619

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1380.98</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>

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Ms. Elizabeth H Shuler

Signature

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

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

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

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date 10 / 16 / 2012
Mailing Address 151 East Lost Toritos		Amount 690.49
City Weslaco	State TX	Zip Code 78596
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 42456.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Field Works		Date 10 / 16 / 2012
Mailing Address 2852 Connecticut Avenue, NW		Amount 1852.89
City Washington	State DC	Zip Code 20008
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TIMOTHY MICHAEL KAINE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 15213.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2543.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Ms. Elizabeth H Shuler

Signature

[Electronically Filed]

Date

10	18	2012
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24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

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

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 151 East Lost Toritos		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 9999.99 690.50 </div>
City Weslaco State TX Zip Code 78596	Transaction ID : D465621	
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 9999.99 63710.40 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 151 East Lost Toritos		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 9999.99 690.50 </div>
City Weslaco State TX Zip Code 78596		Transaction ID : D465622
Purpose of Expenditure Canvassers	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 9999.99 44315.38 		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;"> 9999.99 1381.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 9999.99 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 9999.99 1381.00 </div>

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Ms. Elizabeth H Shuler
 Signature [Electronically Filed] Date

M M / D D / Y Y Y Y
 10 / 18 / 2012

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

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 151 East Lost Toritos		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">690.50</div>
City Weslaco	State TX	
Zip Code 78596	Transaction ID : D465623	
Purpose of Expenditure Canvassers	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		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: 150px; text-align: right;">44315.38</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 4801 Viewpoint Place		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">2745.00</div>
City Cheverly	State MD	
Zip Code 20781	Transaction ID : D466285	
Purpose of Expenditure Fliers	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		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: 150px; text-align: right;">348953.86</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3435.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; 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 /

D D /

Y Y Y Y Y Y

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

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

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date 10 / 16 / 2012	
Mailing Address 4801 Viewpoint Place		Amount 461.25	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D466286
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1110412.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date 10 / 16 / 2012	
Mailing Address 4801 Viewpoint Place		Amount 461.25	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D466287
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1110412.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	922.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Ms. Elizabeth H Shuler

Signature

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Date

10 / 18 / 2012

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

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

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date 10 / 16 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	Zip Code 53715
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D466288
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1110412.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date 10 / 16 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	Zip Code 53715
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D466289
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200558.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	42.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Signature

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

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date 10 / 16 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	Zip Code 53715
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200558.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee South Central Federation of Labor		Date 10 / 16 / 2012
Mailing Address 1602 South Park Street		Amount 21.43
City Madison	State WI	Zip Code 53715
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1110412.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	42.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Ms. Elizabeth H Shuler
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24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <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 Central Pennsylvania Area Labor Federation, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 4031 Executive Park Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">22.95</div>
City Harrisburg State PA Zip Code 17111	Transaction ID : D466292	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1110412.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 4031 Executive Park Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">22.95</div>
City Harrisburg State PA Zip Code 17111		Transaction ID : D466293
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</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: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">105743.40</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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; text-align: right;">45.90</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; 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 / D D / Y Y Y Y Y Y

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 4031 Executive Park Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">22.95</div>
City Harrisburg State PA Zip Code 17111	Transaction ID : D466294	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">93268.99</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 4031 Executive Park Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">22.95</div>
City Harrisburg State PA Zip Code 17111		Transaction ID : D466295
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		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: 150px; text-align: right;">93268.99</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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; text-align: right;">45.90</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; 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 / D D / Y Y Y Y Y Y

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 4031 Executive Park Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">22.95</div>
City Harrisburg State PA Zip Code 17111	Transaction ID : D466296	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		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;">1110412.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Central Pennsylvania Area Labor Federation, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 4031 Executive Park Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">22.95</div>
City Harrisburg State PA Zip Code 17111		Transaction ID : D466297
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12
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;">105743.40</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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: 100px; text-align: right;">45.90</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; 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 / D D / Y Y Y Y Y Y

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

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

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 16 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 33.33
City Washington State DC Zip Code 20001	Transaction ID : D466298	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 44315.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 16 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 33.33
City Washington State DC Zip Code 20001	Transaction ID : D466299	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 63710.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	66.66
(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 10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">33.33</div>
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		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; width: 100%; text-align: right;">42456.41</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D466300

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">33.33</div>
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">44315.38</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D466301

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">66.66</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; 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 /

D D /

Y Y Y Y Y Y

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

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 checked="" 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; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address 501 3RD STREET, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">37.77</div>
City State Zip Code Washington DC 20001		
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		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; text-align: right;">44315.38</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address 501 3RD STREET, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">37.77</div>
City State Zip Code Washington DC 20001		
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1110412.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">75.54</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Ms. Elizabeth H Shuler
 Signature [Electronically Filed] Date

M M /

D D /

Y Y Y Y Y Y

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES

Date
MM / DD / YYYY
10 / 16 / 2012

Mailing Address 501 3RD STREET, NW

Amount

37.77

City State Zip Code
Washington DC 20001

Transaction ID : D466304

Purpose of Expenditure In Kind Staff Category/Type 001

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

Name of Federal Candidate Supported or Opposed by Expenditure:
DEAN HELLER

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

63710.40

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES

Date
MM / DD / YYYY
10 / 16 / 2012

Mailing Address 501 3RD STREET, NW

Amount

37.77

City State Zip Code
Washington DC 20001

Transaction ID : D466305

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: House State: NV
 Senate District:
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Shelley Berkley

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

42456.41

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">75.54</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;"> </div>

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Ms. Elizabeth H Shuler

[Electronically Filed]

Date MM / DD / YYYY
10 / 18 / 2012

Signature

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

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

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.77
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D466306
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: 00
Calendar Year-To-Date Per Election for Office Sought 1110412.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES		Date MM / DD / YYYY 10 / 16 / 2012
Mailing Address 501 3RD STREET, NW		Amount 37.77
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D466307
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03
Calendar Year-To-Date Per Election for Office Sought 44315.38		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	75.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date **MM / DD / YYYY**
10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 16 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">37.78</div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 348953.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D466308

Full Name (Last, First, Middle Initial) of Payee NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 16 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">37.78</div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 144970.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D466309

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">75.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>

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Ms. Elizabeth H Shuler

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M /

D D D /

Y Y Y Y Y Y

10 / 16 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

37.78

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D466310

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

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

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 348953.86

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M /

D D D /

Y Y Y Y Y Y

10 / 16 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

37.78

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D466311

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Charlie Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 144970.16

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	75.56
(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
 10 / 18 / 2012

Signature

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

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

Full Name (Last, First, Middle Initial) of Payee
APWU Separate Segregated Super PAC Account

Date

M M /	D D /	Y Y Y Y
10	16	2012

Mailing Address 1300 L Street, NW

Amount

38.11

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D466312

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: PA
 Senate District: 12
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
KEITH ROTHFUS

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 105743.40

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
APWU Separate Segregated Super PAC Account

Date

M M /	D D /	Y Y Y Y
10	16	2012

Mailing Address 1300 L Street, NW

Amount

38.11

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Transaction ID : D466313

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

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

Name of Federal Candidate Supported or Opposed by Expenditure:
TOM SMITH

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 93268.99

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	76.22
(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 / D D / Y Y Y Y

10 / 18 / 2012

Signature

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">38.11</div>
City Washington State DC Zip Code 20005	Transaction ID : D466314	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		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; width: 100%; text-align: right;">93268.99</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">38.11</div>
City Washington State DC Zip Code 20005		Transaction ID : D466315
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</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; width: 100%; text-align: right;">105743.40</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">76.22</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; 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

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

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

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <input type="text"/> 43.27
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type <input type="text"/> 001	Transaction ID : D466316
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <input type="text"/> 00
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 1110412.30		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <input type="text"/> 43.27
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type <input type="text"/> 001	Transaction ID : D466317
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <input type="text"/> WI District: <input type="text"/> 00
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 200558.54		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<input type="text"/> 86.54
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

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

/ /

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

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">10 / 16 / 2012</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">43.27</div>
City Washington State DC Zip Code 20006	Transaction ID : D466318	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		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: 100px; text-align: right;">200558.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Metropolitan Washington Council, AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 5px;">10 / 16 / 2012</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 888 16th Street, NW, Ste. 520		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">43.27</div>
City Washington State DC Zip Code 20006		Transaction ID : D466319
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		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: 100px; text-align: right;">1110412.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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: 100px; text-align: right;">86.54</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; 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 / D D / Y Y Y Y Y Y

10 / 18 / 2012

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

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date
M M / D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 6800 NORTH HIGH STREET

Amount
46.07

City State Zip Code
Worthington OH 43085

Transaction ID : D466320

Purpose of Expenditure In Kind Staff
Category/Type 001

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

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 1110412.30

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date
M M / D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 6800 NORTH HIGH STREET

Amount
46.07

City State Zip Code
Worthington OH 43085

Transaction ID : D466321

Purpose of Expenditure In Kind Staff
Category/Type 001

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

Name of Federal Candidate Supported or Opposed by Expenditure:
JOSH MANDEL

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 348953.86

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures..... 92.14

(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 / D D / Y Y Y Y Y Y
10 / 18 / 2012

Signature

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

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

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

M M /	D D /	Y Y Y Y
10	16	2012

Mailing Address 6800 NORTH HIGH STREET

Amount

46.07

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Transaction ID : D466322

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL JOHNSON

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 144970.16

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC

Date

M M /	D D /	Y Y Y Y
10	16	2012

Mailing Address 6800 NORTH HIGH STREET

Amount

46.07

City Worthington	State OH	Zip Code 43085
---------------------	-------------	-------------------

Transaction ID : D466323

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

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

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 348953.86

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	92.14
(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 / D D / Y Y Y Y
 10 / 18 / 2012

Signature

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

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

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date 10 / 16 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.07
City Worthington	State OH	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D466324
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 144970.16		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee OHIO COUNCIL 8 AMERICAN FED OF ST CTY AND MUNI EMPLOYEES (AFSCME) AFL-CIO IE PAC		Date 10 / 16 / 2012
Mailing Address 6800 NORTH HIGH STREET		Amount 46.07
City Worthington	State OH	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D466325
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 1110412.30		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	92.14
(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
10	18	2012

Signature

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

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 checked="" 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; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M /

D D D /

Y Y Y Y Y Y

10 / 16 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

51.79

City State Zip Code
 Washington DC 20005

Transaction ID : D466326

Purpose of Expenditure In Kind Staff
 Category/Type 001

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

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 256429.75

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M M /

D D D /

Y Y Y Y Y Y

10 / 16 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

51.79

City State Zip Code
 Washington DC 20005

Transaction ID : D466327

Purpose of Expenditure In Kind Staff
 Category/Type 001

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

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 256429.75

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	103.58
(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
 10 / 18 / 2012

Signature

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 6805 Oak Creek Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">58.21</div>
City Columbus State OH Zip Code 43229	Transaction ID : D466328	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1110412.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 6805 Oak Creek Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">58.21</div>
City Columbus State OH Zip Code 43229		Transaction ID : D466329
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">348953.86</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">116.42</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; 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 / D D / Y Y Y Y Y Y

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

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

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 6805 Oak Creek Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 58.21 </div>
City Columbus State OH Zip Code 43229	Transaction ID : D466330	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 144970.16 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>	
Mailing Address 6805 Oak Creek Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 58.21 </div>	
City Columbus State OH Zip Code 43229		Transaction ID : D466331	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		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: 150px;"> 348953.86 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;"> 116.42 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </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 / D D / Y Y Y Y Y Y
 10 / 18 / 2012

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

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

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 6805 Oak Creek Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 58.21 </div>
City Columbus State OH Zip Code 43229	Transaction ID : D466332	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 144970.16 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee OAPSE/AFSCME Local 4		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 6805 Oak Creek Drive		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 58.21 </div>
City Columbus State OH Zip Code 43229		Transaction ID : D466333
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1110412.30 		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;"> 116.42 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </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 / D D / Y Y Y Y
 10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
Voices of the American Federation of Government Employees

Date
MM / DD / YYYY
10 / 16 / 2012

Mailing Address 80 F Street, NW

Amount
78.28

City State Zip Code
Washington DC 20001

Transaction ID : D466334

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOHN OCEGUERA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 44315.38

Disbursement For: Primary General
 Other (specify)

Full Name (Last, First, Middle Initial) of Payee
Voices of the American Federation of Government Employees

Date
MM / DD / YYYY
10 / 16 / 2012

Mailing Address 80 F Street, NW

Amount
78.28

City State Zip Code
Washington DC 20001

Transaction ID : D466335

Purpose of Expenditure In Kind Staff Category/Type 001

Office Sought: House State:
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 1110412.30

Disbursement For: Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	156.56
(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 MM / DD / YYYY
10 / 18 / 2012

Signature

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

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

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 16 / 2012
Mailing Address 80 F Street, NW		Amount 78.28
City Washington State DC Zip Code 20001	Transaction ID : D466336	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought	63710.40	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date 10 / 16 / 2012
Mailing Address 80 F Street, NW		Amount 78.28
City Washington State DC Zip Code 20001	Transaction ID : D466337	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought	42456.41	

(a) SUBTOTAL of Itemized Independent Expenditures.....	156.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Ms. Elizabeth H Shuler
Signature [Electronically Filed] Date 10 / 18 / 2012

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

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 checked="" 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; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">78.28</div>
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: <u>00</u> <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		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; text-align: right;">1110412.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D466338

Full Name (Last, First, Middle Initial) of Payee Voices of the American Federation of Government Employees		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M /</div> <div style="border: 1px solid black; padding: 2px;">D D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address 80 F Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">78.28</div>
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">44315.38</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D466339

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">156.56</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Ms. Elizabeth H Shuler

Signature

[Electronically Filed]

Date

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Y Y Y Y Y Y

10 / 18 / 2012

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

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

Full Name (Last, First, Middle Initial) of Payee SEIU Local 13		Date 10 / 16 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 90.84
City Saint Paul	State MN	Zip Code 55102
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1110412.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee SEIU Local 13		Date 10 / 16 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount 90.84
City Saint Paul	State MN	Zip Code 55102
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200558.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	181.68
(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

10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee SEIU Local 13		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 16 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.84</div>
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D466342	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		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;">200558.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee SEIU Local 13		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 16 / 2012
Mailing Address 345 Randolph Avenue, Suite 100		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.84</div>
City Saint Paul	State MN	
Zip Code 55102	Transaction ID : D466343	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		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;">1110412.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;">181.68</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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 / D D / Y Y Y Y Y Y

10 / 18 / 2012

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

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

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 16 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 102.30
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200558.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 16 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 102.30
City Washington	State DC	Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200558.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	204.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Ms. Elizabeth H Shuler
Signature

[Electronically Filed] Date 10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">104.04</div>
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1110412.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D466346

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">104.04</div>
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>OH</u> District: <u>00</u>
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">348953.86</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Transaction ID : D466347

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">208.08</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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

[Electronically Filed]

Date

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

Signature

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

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">104.04</div>
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Transaction ID : D466348 Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">144970.16</div>		2012

Full Name (Last, First, Middle Initial) of Payee Transportation Trades Department, AFL-CIO Political Education Fund		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">104.04</div>
City Washington	State DC	Zip Code 20006
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Transaction ID : D466349 Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">348953.86</div>		2012

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">208.08</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>

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Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date

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Y Y Y Y Y Y Y Y

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

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee
Transportation Trades Department, AFL-CIO Political Education Fund

Date

M M /

D D /

Y Y Y Y Y Y

10 / 16 / 2012

Mailing Address **815 - 16th Street, NW**

Amount

104.04

Transaction ID : D466350

City State Zip Code
Washington DC 20006

Purpose of Expenditure In Kind Staff
Category/Type

001

Office Sought: House State: **OH**
 Senate District: **06**
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Charlie Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

144970.16

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Transportation Trades Department, AFL-CIO Political Education Fund

Date

M M /

D D /

Y Y Y Y Y Y

10 / 16 / 2012

Mailing Address **815 - 16th Street, NW**

Amount

104.04

Transaction ID : D466351

City State Zip Code
Washington DC 20006

Purpose of Expenditure In Kind Staff
Category/Type

001

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

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

1110412.30

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">208.08</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>

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Ms. Elizabeth H Shuler

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

10 / 18 / 2012

Signature

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 110.16 </div>
City Washington State DC Zip Code 20006-1598	Transaction ID : D466352	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: <u>PA</u> <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 105743.40 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 110.16 </div>
City Washington State DC Zip Code 20006-1598		Transaction ID : D466353
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: <u>PA</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 93268.99 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 220.32 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Ms. Elizabeth H Shuler
 Signature [Electronically Filed] Date

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

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

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">110.16</div>
City Washington State DC Zip Code 20006-1598		
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		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;">93268.99</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D466354

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">110.16</div>
City Washington State DC Zip Code 20006-1598		
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</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;">105743.40</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D466355

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">220.32</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; 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 /

D D /

Y Y Y Y Y Y

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

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

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 16 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington State DC Zip Code 20001	Transaction ID : D466356	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought 256429.75		

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 16 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 135.18
City Washington State DC Zip Code 20001	Transaction ID : D466357	
Purpose of Expenditure In Kind Staff Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	
Calendar Year-To-Date Per Election for Office Sought 256429.75		

(a) SUBTOTAL of Itemized Independent Expenditures.....	270.36
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Ms. Elizabeth H Shuler
Signature [Electronically Filed] Date 10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee
 NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

10 /

16 /

2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

145.83

City State Zip Code
 Washington DC 20005

Transaction ID : D466358

Purpose of Expenditure In Kind Staff
 Category/Type 001

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
 JOHN OCEGUERA

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

44315.38

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
 NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

10 /

16 /

2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

145.83

City State Zip Code
 Washington DC 20005

Transaction ID : D466359

Purpose of Expenditure In Kind Staff
 Category/Type 001

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

Name of Federal Candidate Supported or Opposed by Expenditure:
 DEAN HELLER

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

63710.40

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	291.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Ms. Elizabeth H Shuler
 Signature [Electronically Filed] Date

10 /

18 /

2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <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
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

10 / 16 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

145.83

City	State	Zip Code
Washington	DC	20005

Transaction ID : D466360

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: NV
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Shelley Berkley

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought
42456.41

Disbursement For: Primary General
 Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

10 / 16 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

145.83

City	State	Zip Code
Washington	DC	20005

Transaction ID : D466361

Purpose of Expenditure In Kind Staff	Category/ Type 001
---	---

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought
44315.38

Disbursement For: Primary General
 Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%; float: right;"> 291.66 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%; float: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%; float: right;"> </div>

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Ms. Elizabeth H Shuler

[Electronically Filed]

Date
10 / 18 / 2012

Signature

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

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

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 16 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 152.25
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D466362
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 256429.75		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date 10 / 16 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 152.25
City Beltsville	State MD	Zip Code 20705
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D466363
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 256429.75		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	304.50
(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 10 / 18 / 2012

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

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

Full Name (Last, First, Middle Initial) of Payee
Plasterers' Cement Masons' & Shop Hands Political Action Committee

Date M M / D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 11720 Beltsville Drive #700

Amount 194.36

Transaction ID : D466364

City	State	Zip Code
Beltsville	MD	20705

Purpose of Expenditure In Kind Staff	Category/ Type	001
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Office Sought: House State: PA
 Senate District: 12
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
KEITH ROTHFUS

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 105743.40

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Plasterers' Cement Masons' & Shop Hands Political Action Committee

Date M M / D D / Y Y Y Y Y Y
10 / 16 / 2012

Mailing Address 11720 Beltsville Drive #700

Amount 194.36

Transaction ID : D466365

City	State	Zip Code
Beltsville	MD	20705

Purpose of Expenditure In Kind Staff	Category/ Type	001
---	-------------------	-----

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

Name of Federal Candidate Supported or Opposed by Expenditure:
TOM SMITH

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 93268.99

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	388.72
(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 / D D / Y Y Y Y Y Y
10 / 18 / 2012

Signature

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

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

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 194.36 </div>
City State Zip Code Beltsville MD 20705	Transaction ID : D466366	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 93268.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>	
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 194.36 </div>	
City State Zip Code Beltsville MD 20705		Transaction ID : D466367	
Purpose of Expenditure In Kind Staff	Category/ Type 001	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 105743.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	388.72
(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

M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

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

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

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.69
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D466368	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 348953.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 11720 Beltsville Drive #700		Amount 218.69
City Beltsville	State MD	
Zip Code 20705	Transaction ID : D466369	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 144970.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	437.38
(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 M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 16 / 2012 </div>		
Mailing Address 11720 Beltsville Drive #700	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">218.69</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Beltsville</td> <td style="width:33%;">State MD</td> <td style="width:33%;">Zip Code 20705</td> </tr> </table>		City Beltsville	State MD
City Beltsville	State MD	Zip Code 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		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; text-align: right;">348953.86</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee	Date <div style="border: 1px solid black; padding: 2px;"> 10 / 16 / 2012 </div>		
Mailing Address 11720 Beltsville Drive #700	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">218.69</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Beltsville</td> <td style="width:33%;">State MD</td> <td style="width:33%;">Zip Code 20705</td> </tr> </table>		City Beltsville	State MD
City Beltsville	State MD	Zip Code 20705	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		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; text-align: right;">144970.16</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">437.38</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; 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

10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">219.19</div>
City Washington State DC Zip Code 20001	Transaction ID : D466372	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">348953.86</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">219.19</div>
City Washington State DC Zip Code 20001	Transaction ID : D466373	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">144970.16</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	438.38
(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

M M /

D D /

Y Y Y Y Y Y

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

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

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 16 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 219.19
City Washington State DC Zip Code 20001	Transaction ID : D466374	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 348953.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date 10 / 16 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 219.19
City Washington State DC Zip Code 20001	Transaction ID : D466375	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 144970.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	438.38
(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

10	18	2012
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24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

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

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M /	D D /	Y Y Y Y
10	16	2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

235.40

City Washington	State DC	Zip Code 20005
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Transaction ID : D466377

Purpose of Expenditure In Kind Staff	Category/ Type 001
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Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1110412.30

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

Date

M M /	D D /	Y Y Y Y
10	16	2012

Mailing Address 1325 Massachusetts Ave. NW

Amount

235.40

City Washington	State DC	Zip Code 20005
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Transaction ID : D466378

Purpose of Expenditure In Kind Staff	Category/ Type 001
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Office Sought: House State: _____
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 1110412.30

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	470.80
(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 10 / 18 / 2012

Signature

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

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M M</div> / <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D D</div> / <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">259.04</div>
City Washington State DC Zip Code 20001	Transaction ID : D466379	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</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: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">105743.40</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M M</div> / <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D D</div> / <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">259.04</div>
City Washington State DC Zip Code 20001		Transaction ID : D466380
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">93268.99</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">518.08</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; 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

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

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">259.04</div>
City Washington State DC Zip Code 20001	Transaction ID : D466381	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		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: 150px; text-align: right;">93268.99</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">259.04</div>
City Washington State DC Zip Code 20001		Transaction ID : D466382
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</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: 150px; text-align: right;">105743.40</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">518.08</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; 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

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

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

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date 10 / 16 / 2012
Mailing Address 395 E. Broad Street		Amount 260.34
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1110412.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D466383

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date 10 / 16 / 2012
Mailing Address 395 E. Broad Street		Amount 260.34
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 348953.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : D466384

(a) SUBTOTAL of Itemized Independent Expenditures.....	520.68
(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

10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div>
Mailing Address 395 E. Broad Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">260.34</div>
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">144970.16</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D466385

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y</div>
Mailing Address 395 E. Broad Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">260.34</div>
City Columbus	State OH	Zip Code 43215
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		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: 150px; text-align: right;">348953.86</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D466386

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">520.68</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; 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

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 395 E. Broad Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 260.34 </div>
City Columbus State OH Zip Code 43215	Transaction ID : D466387	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought Y Y Y Y Y Y		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought Y Y Y Y Y Y		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee Ohio AFL-CIO Voter Education Fund		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 395 E. Broad Street		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 260.34 </div>
City Columbus State OH Zip Code 43215	Transaction ID : D466388	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought Y Y Y Y Y Y		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought Y Y Y Y Y Y		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 520.68 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; 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 / D D / Y Y Y Y Y Y

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">260.81</div>
City Washington State DC Zip Code 20001	Transaction ID : D466389	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">348953.86</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">260.81</div>
City Washington State DC Zip Code 20001		Transaction ID : D466390
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">144970.16</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;">521.62</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </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 / D D / Y Y Y Y Y Y

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">M M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">D D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80px; text-align: center;">Y Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Date

M M /

D D /

Y Y Y Y Y Y

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16 /

2012

Mailing Address 100 Indiana Avenue, N.W.

Amount

260.81

City State Zip Code
Washington DC 20001

Transaction ID : D466391

Purpose of Expenditure In Kind Staff
Category/Type

001

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

Name of Federal Candidate Supported or Opposed by Expenditure:
Sherrod Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

348953.86

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Date

M M /

D D /

Y Y Y Y Y Y

10 /

16 /

2012

Mailing Address 100 Indiana Avenue, N.W.

Amount

260.81

City State Zip Code
Washington DC 20001

Transaction ID : D466392

Purpose of Expenditure In Kind Staff
Category/Type

001

Office Sought: House State: OH
 Senate District: 06
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Charlie Wilson

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

144970.16

Disbursement For: Primary General
 Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶

521.62

(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

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Y Y Y Y Y Y

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18 /

2012

Signature

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 291.19 </div>
City Washington State DC Zip Code 20005	Transaction ID : D466393	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 44315.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 291.19 </div>
City Washington State DC Zip Code 20005		Transaction ID : D466394
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 63710.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 582.38 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; 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 / D D / Y Y Y Y
 10 / 18 / 2012

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

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

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 291.19 </div>
City Washington State DC Zip Code 20005	Transaction ID : D466395	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		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;">42456.41</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 291.19 </div>
City Washington State DC Zip Code 20005		Transaction ID : D466396
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">44315.38</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;"> 582.38 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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 / D D / Y Y Y Y Y Y
10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <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 COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">316.38</div>
City Washington State DC Zip Code 20001	Transaction ID : D466397	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		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; text-align: right;">44315.38</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">316.38</div>
City Washington State DC Zip Code 20001	Transaction ID : D466398	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">63710.40</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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; text-align: right;">632.76</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; 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 / D D / Y Y Y Y Y Y

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

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Date

M M M

 /

D D D

 /

Y Y Y Y Y Y Y Y

Mailing Address 100 Indiana Avenue, N.W.

Amount

316.38

City State Zip Code
 Washington DC 20001

Transaction ID : D466399

Purpose of Expenditure In Kind Staff
 Category/Type 001

Office Sought: House State: NV
 Senate District:
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
 Shelley Berkley

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

42456.41

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Date

M M M

 /

D D D

 /

Y Y Y Y Y Y Y Y

Mailing Address 100 Indiana Avenue, N.W.

Amount

316.38

City State Zip Code
 Washington DC 20001

Transaction ID : D466400

Purpose of Expenditure In Kind Staff
 Category/Type 001

Office Sought: House State: NV
 Senate District: 03
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
 JOE HECK

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

44315.38

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">632.76</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; 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

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D D D

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Y Y Y Y Y Y Y Y

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

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

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 16 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 321.82 </div>
City State Zip Code Beltsville MD 20705	Transaction ID : D466401	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200558.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 16 / 2012 </div>	
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 321.82 </div>	
City State Zip Code Beltsville MD 20705		Transaction ID : D466402	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 200558.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	643.64
(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 10 / 18 / 2012

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

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

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 344.64 </div>
City State Zip Code Beltsville MD 20705	Transaction ID : D466403	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 44315.38 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>	
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 344.64 </div>	
City State Zip Code Beltsville MD 20705		Transaction ID : D466404	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 63710.40 		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;"> 689.28 </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;"> 689.28 </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 / D D / Y Y Y Y Y Y
10 / 18 / 2012

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

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

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 344.64 </div>
City State Zip Code Beltsville MD 20705	Transaction ID : D466405	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 42456.41 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Plasterers' Cement Masons' & Shop Hands Political Action Committee		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>	
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 344.64 </div>	
City State Zip Code Beltsville MD 20705		Transaction ID : D466406	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought M M / D D / Y Y Y Y Y Y 44315.38 		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;"> 689.28 </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;"> 689.28 </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 / D D / Y Y Y Y Y Y
10 / 18 / 2012

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

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">10</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">16</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">2012</div> </div>	
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">365.47</div>	
City Milwaukee	State WI		Zip Code 53213
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: <u>00</u>	
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1110412.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Transaction ID : D466407

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">10</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">16</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">2012</div> </div>	
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">365.47</div>	
City Milwaukee	State WI		Zip Code 53213
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>WI</u> District: <u>00</u>	
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 200558.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Transaction ID : D466408

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">730.94</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; 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

10

18

2012

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

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

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 365.47 </div>
City Milwaukee State WI Zip Code 53213	Transaction ID : D466409	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		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: 150px;"> 200558.54 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Wisconsin State AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 6333 W. Blue Mound Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 365.47 </div>
City Milwaukee State WI Zip Code 53213		Transaction ID : D466410
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		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: 150px;"> 1110412.30 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;"> 730.94 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </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 / D D / Y Y Y Y
 10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee
APWU Separate Segregated Super PAC Account

Date

M M /	D D /	Y Y Y Y
10	16	2012

Mailing Address 1300 L Street, NW

Amount

370.83

City Washington	State DC	Zip Code 20005
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Transaction ID : D466411

Purpose of Expenditure In Kind Staff	Category/ Type	001
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Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
CONNIE MACK

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

256429.75

Disbursement For: Primary General
 Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
APWU Separate Segregated Super PAC Account

Date

M M /	D D /	Y Y Y Y
10	16	2012

Mailing Address 1300 L Street, NW

Amount

370.83

City Washington	State DC	Zip Code 20005
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Transaction ID : D466412

Purpose of Expenditure In Kind Staff	Category/ Type	001
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Office Sought: House State: FL
 Senate District: 00
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
BILL NELSON

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought

256429.75

Disbursement For: Primary General
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	741.66
(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

M M /	D D /	Y Y Y Y
10	18	2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">478.86</div>
City Washington State DC Zip Code 20005	Transaction ID : D466413	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">348953.86</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">478.86</div>
City Washington State DC Zip Code 20005		Transaction ID : D466414
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">144970.16</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;">957.72</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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 / D D / Y Y Y Y Y Y

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">478.86</div>
City Washington State DC Zip Code 20005	Transaction ID : D466415	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		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; text-align: right;">348953.86</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">478.86</div>
City Washington State DC Zip Code 20005		Transaction ID : D466416
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		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; text-align: right;">144970.16</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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; text-align: right;">957.72</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></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 / D D / Y Y Y Y Y Y

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">490.00</div>
City Washington State DC Zip Code 20001	Transaction ID : D466417	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1110412.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">490.00</div>
City Washington State DC Zip Code 20001		Transaction ID : D466418
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		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; width: 100%; text-align: right;">1110412.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">980.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; 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

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Y Y Y Y Y Y

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

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">604.09</div>
City Washington State DC Zip Code 20001	Transaction ID : D466419	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">256429.75</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">604.09</div>
City Washington State DC Zip Code 20001		Transaction ID : D466420
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		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: 150px; text-align: right;">256429.75</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1208.18</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; 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

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

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M M</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D D</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">674.39</div>
City Washington State DC Zip Code 20001	Transaction ID : D466421	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">200558.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M</div> / <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D</div> / <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">674.39</div>
City Washington State DC Zip Code 20001		Transaction ID : D466422
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		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;">200558.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1348.78</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; 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

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

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

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 758.09 </div>
City Washington State DC Zip Code 20036	Transaction ID : D466423	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		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: 150px;"> 44315.38 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>	
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 758.09 </div>	
City Washington State DC Zip Code 20036		Transaction ID : D466424	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 63710.40 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;"> 1516.18 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </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 / D D / Y Y Y Y Y Y
10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">758.09</div>
City Washington State DC Zip Code 20036	Transaction ID : D466425	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 42456.41		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">758.09</div>
City Washington State DC Zip Code 20036		Transaction ID : D466426
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 44315.38		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;">1516.18</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; 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 / D D / Y Y Y Y Y Y

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

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

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 25 W 18th St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 985.82 </div>
City State Zip Code New York NY 10011-4677	Transaction ID : D466427	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1110412.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 25 W 18th St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 985.82 </div>
City State Zip Code New York NY 10011-4677		Transaction ID : D466428
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200558.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;"> 1971.64 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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 / D D / Y Y Y Y
 10 / 18 / 2012

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

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

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 25 W 18th St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 985.82 </div>
City State Zip Code New York NY 10011-4677	Transaction ID : D466429	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 200558.54		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee SEIU Local 32BJ NY/NJ American Dream Fund		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 25 W 18th St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 985.82 </div>
City State Zip Code New York NY 10011-4677		Transaction ID : D466430
Purpose of Expenditure In Kind Staff	Category/ Type 001	Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1110412.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	1971.64
(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

M M / D D / Y Y Y Y
 10 / 18 / 2012

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

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

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1383.94 </div>
City Washington State DC Zip Code 20036	Transaction ID : D466431	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</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: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">105743.40</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1383.94 </div>
City Washington State DC Zip Code 20036		Transaction ID : D466432
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">93268.99</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;"> 2767.88 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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 / D D / Y Y Y Y
 10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1383.94</div>
City Washington State DC Zip Code 20036	Transaction ID : D466433	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		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;">93268.99</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1383.94</div>
City Washington State DC Zip Code 20036		Transaction ID : D466434
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</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;">105743.40</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;">2767.88</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </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 / D D / Y Y Y Y Y Y

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

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

Full Name (Last, First, Middle Initial) of Payee
Plasterers' Cement Masons' & Shop Hands Political Action Committee

Date
MM / DD / YYYY
10 / 16 / 2012

Mailing Address **11720 Beltsville Drive #700**

Amount
1517.47

City State Zip Code
Beltsville MD 20705

Transaction ID : **D466435**

Purpose of Expenditure In Kind Staff
Category/Type **001**

Office Sought: House State: _____
 Senate District: **00**
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1110412.30

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Plasterers' Cement Masons' & Shop Hands Political Action Committee

Date
MM / DD / YYYY
10 / 16 / 2012

Mailing Address **11720 Beltsville Drive #700**

Amount
1517.47

City State Zip Code
Beltsville MD 20705

Transaction ID : **D466436**

Purpose of Expenditure In Kind Staff
Category/Type **001**

Office Sought: House State: _____
 Senate District: **00**
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1110412.30

Disbursement For: Primary General
 Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3034.94
(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 MM / DD / YYYY
10 / 18 / 2012

Signature

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

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1859.32</div> </div>
City Washington State DC Zip Code 20006-1598	Transaction ID : D466437	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">200558.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1859.32</div> </div>
City Washington State DC Zip Code 20006-1598		Transaction ID : D466438
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		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;">200558.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3718.64
(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

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

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

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

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M . M M 1869.05 </div>
City Washington State DC Zip Code 20006-1598	Transaction ID : D466439	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M . M M 348953.86 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1775 K Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M . M M 1869.05 </div>
City Washington State DC Zip Code 20006-1598		Transaction ID : D466440
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M . M M 144970.16 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3738.10
(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

M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

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

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

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date 10 / 16 / 2012
Mailing Address 1775 K Street, NW		Amount 1869.05
City Washington State DC Zip Code 20006-1598	Transaction ID : D466441	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 348953.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date 10 / 16 / 2012
Mailing Address 1775 K Street, NW		Amount 1869.05
City Washington State DC Zip Code 20006-1598	Transaction ID : D466442	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 144970.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	3738.10
(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 10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">2100.52</div>
City Washington State DC Zip Code 20005	Transaction ID : D466443	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">1110412.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M M / D D D / Y Y Y Y Y Y</div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;">2100.52</div>
City Washington State DC Zip Code 20005		Transaction ID : D466444
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		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; text-align: right;">1110412.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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; text-align: right;">4201.04</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; 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

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

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

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Date
MM / DD / YYYY
10 / 16 / 2012

Mailing Address **100 Indiana Avenue, N.W.**

Amount
2374.26

City State Zip Code
Washington DC 20001

Transaction ID : **D466446**

Purpose of Expenditure In Kind Staff
Category/Type **001**

Office Sought: House Senate President
State: _____ District: **00**

Name of Federal Candidate Supported or Opposed by Expenditure:
Willard Mitt Romney

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1110412.30

Disbursement For: Primary General
 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Date
MM / DD / YYYY
10 / 16 / 2012

Mailing Address **100 Indiana Avenue, N.W.**

Amount
2374.26

City State Zip Code
Washington DC 20001

Transaction ID : **D466447**

Purpose of Expenditure In Kind Staff
Category/Type **001**

Office Sought: House Senate President
State: _____ District: **00**

Name of Federal Candidate Supported or Opposed by Expenditure:
Barack Obama

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
1110412.30

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures..... **4748.52**

(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 **10 / 18 / 2012**

Signature

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3209.57</div>
City Washington State DC Zip Code 20036	Transaction ID : D466448	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">001</div>	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">348953.86</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3209.57</div>
City Washington State DC Zip Code 20036	Transaction ID : D466449	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">144970.16</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">6419.14</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; 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 /

D D /

Y Y Y Y Y Y

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

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3209.57</div>
City Washington State DC Zip Code 20036	Transaction ID : D466450	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		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: 150px; text-align: right;">348953.86</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3209.57</div>
City Washington State DC Zip Code 20036		Transaction ID : D466451
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		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: 150px; text-align: right;">144970.16</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">6419.14</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; 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 /

D D /

Y Y Y Y Y Y

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

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

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 3882.55 </div>
City Washington State DC Zip Code 20036	Transaction ID : D466452	
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 256429.75 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 3882.55 </div>
City Washington State DC Zip Code 20036		Transaction ID : D466453
Purpose of Expenditure In Kind Staff	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		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: 150px;"> 256429.75 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;"> 7765.10 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </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 / D D / Y Y Y Y
 10 / 18 / 2012

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

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

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date 10 / 16 / 2012
Mailing Address 1775 K Street, NW		Amount 3883.89
City Washington State DC Zip Code 20006-1598	Transaction ID : D466454	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1110412.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee UFCW Int'l Union Working Families Advocacy Project		Date 10 / 16 / 2012
Mailing Address 1775 K Street, NW		Amount 6246.10
City Washington State DC Zip Code 20006-1598	Transaction ID : D466455	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1110412.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	10129.99
(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 10 / 18 / 2012

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

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

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 9357.94 </div>
City Washington State DC Zip Code 20036	Transaction ID : D466456	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1110412.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>	
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 9586.91 </div>	
City Washington State DC Zip Code 20036		Transaction ID : D466457	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1110412.30		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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;"> 18944.85 </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;"> 18944.85 </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 / D D / Y Y Y Y Y Y
10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">29.62</div>
City Washington State DC Zip Code 20006	Transaction ID : D466465	
Purpose of Expenditure Walk Packets	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOHN OCEGUERA		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; text-align: right;">44315.38</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">29.62</div>	
City Washington State DC Zip Code 20006		Transaction ID : D466466	
Purpose of Expenditure Walk Packets	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: JOE HECK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">44315.38</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">59.24</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; 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 / D D / Y Y Y Y Y Y

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

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

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 34.52 </div>
City Washington State DC Zip Code 20006		
Purpose of Expenditure Walk Packets	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: KEITH ROTHFUS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 105743.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D466467

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 34.52 </div>
City Washington State DC Zip Code 20006		
Purpose of Expenditure Walk Packets	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 105743.40		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D466468

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 69.04 </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;"> 69.04 </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 / D D / Y Y Y Y Y Y
10 / 18 / 2012

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

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

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 16 / 2012</div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">54.85</div>
City Washington	State DC	
Zip Code 20006	Transaction ID : D466469	
Purpose of Expenditure Walk Packets	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">63710.40</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 16 / 2012</div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">54.85</div>
City Washington	State DC	
Zip Code 20006	Transaction ID : D466470	
Purpose of Expenditure Walk Packets	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		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: 100px; text-align: right;">42456.41</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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: 100px; text-align: right;">109.70</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; 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

MM / DD / YYYY

10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">61.60</div>
City Washington State DC Zip Code 20006	Transaction ID : D466471	
Purpose of Expenditure Walk Packets	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">256429.75</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">61.60</div>
City Washington State DC Zip Code 20006		Transaction ID : D466472
Purpose of Expenditure Walk Packets	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: BILL NELSON		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: 150px; text-align: right;">256429.75</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" 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; text-align: right;">123.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; 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 / D D / Y Y Y Y Y Y

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; margin-left: 10px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">80.59</div>
City Washington State DC Zip Code 20006		
Purpose of Expenditure Walk Packets	Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		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; width: 100%; text-align: right;">200558.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D466473

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60px; text-align: center;">Y Y Y Y Y Y</div> </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">88.15</div>
City Washington State DC Zip Code 20006		
Purpose of Expenditure Walk Packets	Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	Office Sought: <input type="checkbox"/> House State: WI <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">200558.54</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D466474

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">168.74</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; 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 /

D D /

Y Y Y Y Y Y

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 143.54 </div>
City Washington State DC Zip Code 20006	Transaction ID : D466475	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 348953.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 16 / 2012 </div>	
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 143.54 </div>	
City Washington State DC Zip Code 20006		Transaction ID : D466476	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 348953.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 287.08 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 287.08 </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 / D D / Y Y Y Y Y Y
 10 / 18 / 2012

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

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

M M M	/	D D D	/	Y Y Y Y Y Y
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Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">M M</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">/</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">D D</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">/</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">10</td> <td></td> <td style="text-align: center;">16</td> <td></td> <td style="text-align: center;">2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y Y Y	10		16		2012
M M	/	D D	/	Y Y Y Y Y Y								
10		16		2012								
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">414.32</div>										
City Washington	State DC	Zip Code 20006										
Purpose of Expenditure Walk Packets	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President										
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose										
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1110412.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____										

Transaction ID : D466477

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">M M</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">/</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">D D</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">/</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">10</td> <td></td> <td style="text-align: center;">16</td> <td></td> <td style="text-align: center;">2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y Y Y	10		16		2012
M M	/	D D	/	Y Y Y Y Y Y								
10		16		2012								
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">414.32</div>										
City Washington	State DC	Zip Code 20006										
Purpose of Expenditure Walk Packets	Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President										
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		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; text-align: right;">1110412.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____										

Transaction ID : D466478

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">828.64</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; 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
10		18		2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">7.56</div>
City Washington	State DC	
Purpose of Expenditure Walk Packets	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: Charlie Wilson		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: 100px; text-align: right;">144970.16</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D466481

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">7.56</div>
City Washington	State DC	
Purpose of Expenditure Walk Packets	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06
Name of Federal Candidate Supported or Opposed by Expenditure: BILL JOHNSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">144970.16</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D466482

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">15.12</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; 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

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 18 / 2012

Signature

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

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

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 815 - 16th Street, NW		Amount 4.38
City Washington	State DC	
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D466485
Name of Federal Candidate Supported or Opposed by Expenditure: TOM SMITH		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 93268.99		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 10 / 16 / 2012
Mailing Address 815 - 16th Street, NW		Amount 4.38
City Washington	State DC	
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D466486
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey		Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 93268.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8.76
(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 M M / D D / Y Y Y Y Y Y
10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">10 / 16 / 2012</div>
Mailing Address 283 College Manor Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3.67</div>
City Arnold	State MD	
Zip Code 21012	Transaction ID : D466503	
Purpose of Expenditure Proof Flier	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">63710.40</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">10 / 16 / 2012</div>
Mailing Address 283 College Manor Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3.67</div>
City Arnold	State MD	
Zip Code 21012	Transaction ID : D466504	
Purpose of Expenditure Proof Flier	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Shelley Berkley		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; text-align: right;">42456.41</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">7.34</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; 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 MM / DD / YYYY
10 / 18 / 2012

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

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 checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 16 / 2012 </div>
Mailing Address 283 College Manor Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 3.67 </div>
City Arnold	State MD	
Zip Code 21012	Transaction ID : D466506	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 348953.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill		Date <div style="border: 1px solid black; padding: 2px;"> 10 / 16 / 2012 </div>
Mailing Address 283 College Manor Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 3.68 </div>
City Arnold	State MD	
Zip Code 21012	Transaction ID : D466507	
Purpose of Expenditure Proof Flier	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 348953.86		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 7.35 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 124221.89 </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

10 /
 18 /
 2012