

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

PAGE 1 OF 13
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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2012	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2012	
Mailing Address 4801 Viewpoint Place		Amount 45.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D453739
Purpose of Expenditure Fliers	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		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 181918.58			

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2012	
Mailing Address 4801 Viewpoint Place		Amount 90.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D453740
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	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		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 438736.89			

(a) SUBTOTAL of Itemized Independent Expenditures.....	135.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Signature Ms. Elizabeth H Shuler [Electronically Filed] Date 10 / 16 / 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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 09 / 28 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 26 / 2012 </div>
Mailing Address 4801 Viewpoint Place		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 90.00 </div>
City Cheverly State MD Zip Code 20781	Transaction ID : D453741	
Purpose of Expenditure Fliers	Category/Type 004	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 438736.89 		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;"> MM / DD / YYYY 09 / 26 / 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 Beltsville State MD Zip Code 20705	Transaction ID : D453742	
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <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 68348.43 		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;"> 411.82 </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 MM / DD / YYYY
10 / 16 / 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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on MM / DD / YYYY 09 / 28 / 2012	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date MM / DD / YYYY 09 / 26 / 2012
Mailing Address 555 New Jersey Ave. N.W.		Amount 102.30
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D453743
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 68348.43		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 COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 09 / 26 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 815.70
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D453744
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 68348.43		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.....	918.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY 10 / 16 / 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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 09 / 28 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 26 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 102.30 </div>
City Washington State DC Zip Code 20001		
Purpose of Expenditure In Kind Staff	Category/Type 001	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 438736.89 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D453745

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;"> MM / DD / YYYY 09 / 26 / 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;"> 880.53 </div>
City Beltsville State MD Zip Code 20705		
Purpose of Expenditure In Kind Staff	Category/Type 001	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 438736.89 		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : D453746

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 982.83 </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

MM / DD / YYYY
10 / 16 / 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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 09 / 28 / 2012 </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;"> MM / DD / YYYY 09 / 26 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1075.25 </div>
City Washington State DC Zip Code 20001	Transaction ID : D453747	
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 438736.89 		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="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 26 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 102.30 </div>
City Washington State DC Zip Code 20001		Transaction ID : D453748
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 68348.43 		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;"> 1177.55 </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
MM / DD / YYYY
10 / 16 / 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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 09 / 28 / 2012 </div>	

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;"> MM / DD / YYYY 09 / 26 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 321.82 </div>
City State Zip Code Beltsville MD 20705	Transaction ID : D453749	
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 68348.43 		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;"> MM / DD / YYYY 09 / 26 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 1075.25 </div>
City State Zip Code Washington DC 20001	Transaction ID : D453750	
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 438736.89 		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;"> 1397.07 </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 / 16 / 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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 09 / 28 / 2012 </div>	

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;"> MM / DD / YYYY 09 / 26 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 880.53 </div>
City State Zip Code Beltsville MD 20705	Transaction ID : D453751	
Purpose of Expenditure In Kind Staff	Category/ Type 001	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: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 438736.89 		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="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 26 / 2012 </div>	
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 102.30 </div>	
City State Zip Code Washington DC 20001		Transaction ID : D453752	
Purpose of Expenditure In Kind Staff	Category/ Type 001	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: Willard Mitt Romney		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 438736.89 		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;"> 982.83 </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;"> 982.83 </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 / 16 / 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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y 09 / 28 / 2012	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.		Date M M / D D / Y Y Y Y Y Y 09 / 26 / 2012
Mailing Address 151 East Lost Toritos		Amount 1837.20
City Weslaco	State TX	
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D453761
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: <u>NV</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 36539.25		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		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 Extras, Inc.		Date M M / D D / Y Y Y Y Y Y 09 / 26 / 2012
Mailing Address 151 East Lost Toritos		Amount 1837.20
City Weslaco	State TX	
Purpose of Expenditure Canvassers	Category/ Type 001	Transaction ID : D453763
Name of Federal Candidate Supported or Opposed by Expenditure: Willard Mitt Romney		Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 438736.89		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3674.40
(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 / 16 / 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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 09 / 28 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Mosaic	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
Mailing Address 4801 Viewpoint Place	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
City State Zip Code Cheverly MD 20781	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 45.00 </div>
Purpose of Expenditure Fliers	Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Sherrod Brown	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
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;"> 181918.58 </div>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Transaction ID : D453766

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;"> MM / DD / YYYY </div>
Mailing Address 1300 L Street, NW	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
City State Zip Code Washington DC 20005	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 921.53 </div>
Purpose of Expenditure In Kind Staff	Category/Type 001
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 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;"> 438736.89 </div>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify)	

Transaction ID : D462931

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> 966.53 </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

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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on MM / DD / YYYY 09 / 28 / 2012	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date MM / DD / YYYY 09 / 26 / 2012
Mailing Address 1300 L Street, NW		Amount 921.53
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D462932
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: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 438736.89		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		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 COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION		Date MM / DD / YYYY 09 / 26 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 815.70
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D453753
Name of Federal Candidate Supported or Opposed by Expenditure: TAMMY BALDWIN		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>WI</u> District: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 68348.43		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	1737.23
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Ms. Elizabeth H Shuler

Signature _____ [Electronically Filed] Date MM / DD / YYYY 10 / 16 / 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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 09 / 28 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 26 / 2012 </div>
Mailing Address 815 - 16th Street, NW	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> 46.58 </div>
City Washington State DC Zip Code 20006	Transaction ID : D453754
Purpose of Expenditure Walk Packets	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: 80%;"> 438736.89 </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;"> MM / DD / YYYY 09 / 26 / 2012 </div>
Mailing Address 815 - 16th Street, NW	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> 21.73 </div>
City Washington State DC Zip Code 20006	Transaction ID : D453755
Purpose of Expenditure Walk Packets	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: 80%;"> 68348.43 </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: 80%;"> 68.31 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%; height: 20px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%; 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 MM / DD / YYYY

MM / DD / YYYY
10 / 16 / 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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 09 / 28 / 2012	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 09 / 26 / 2012	
Mailing Address 815 - 16th Street, NW		Amount 46.58	
City Washington	State DC	Zip Code 20006	Transaction ID : D453757
Purpose of Expenditure Walk Packets	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 438736.89		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 09 / 26 / 2012	
Mailing Address 815 - 16th Street, NW		Amount 24.85	
City Washington	State DC	Zip Code 20006	Transaction ID : D453758
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 00
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 85239.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.43
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Ms. Elizabeth H Shuler

Signature

[Electronically Filed]

Date

MM / DD / YYYY 10 / 16 / 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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on MM / DD / YYYY 09 / 28 / 2012	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date MM / DD / YYYY 09 / 26 / 2012
Mailing Address 815 - 16th Street, NW		Amount 21.73
City Washington	State DC	
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D453759
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Office Sought: <input type="checkbox"/> House State: <u>WI</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 68348.43		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 MM / DD / YYYY 09 / 26 / 2012
Mailing Address 815 - 16th Street, NW		Amount 24.85
City Washington	State DC	
Purpose of Expenditure Walk Packets	Category/ Type 004	Transaction ID : D453760
Name of Federal Candidate Supported or Opposed by Expenditure: CONNIE MACK		Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 85239.23		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.....	46.58
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	12569.58

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 / 16 / 2012