

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

PAGE 1 OF 25
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 MM / DD / YYYY 09 / 29 / 2012	

Full Name (Last, First, Middle Initial) of Payee Mosaic		Date MM / DD / YYYY 09 / 27 / 2012
Mailing Address 4801 Viewpoint Place		Amount 11.25
City Cheverly	State MD	
Purpose of Expenditure Fliers	Category/ Type 004	Transaction ID : D453849
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Office Sought: <input type="checkbox"/> House State: NV <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 38205.57		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 Mosaic		Date MM / DD / YYYY 09 / 27 / 2012
Mailing Address 4801 Viewpoint Place		Amount 225.00
City Cheverly	State MD	
Purpose of Expenditure Fliers	Category/ Type 004	Transaction ID : D453850
Name of Federal Candidate Supported or Opposed by Expenditure: JOSH MANDEL		Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 182376.44		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.....	236.25
(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 / 16 / 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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 09 / 29 / 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 / 27 / 2012 </div>	
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 3.93 </div>	
City Washington	State DC		Zip Code 20006
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 182376.44		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D453851

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 / 27 / 2012 </div>	
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1083.32 </div>	
City Washington	State DC		Zip Code 20001
Purpose of Expenditure In Kind Staff	Category/Type 001	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 92975.45		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : D453853

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1087.25 </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 / 29 / 2012 </div>	

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; display: inline-block;"> MM / DD / YYYY 09 / 27 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 51.79 </div>
City Washington State DC Zip Code 20005	Transaction ID : D453854	
Purpose of Expenditure In Kind Staff Category/Type 001	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 92975.45 		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 / 27 / 2012 </div>	
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 301.86 </div>	
City Beltsville State MD Zip Code 20705		Transaction ID : D453855	
Purpose of Expenditure In Kind Staff Category/Type 001	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 92975.45 		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;"> 353.65 </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	
<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
Mailing Address 1625 L Street, NW		Amount <input type="text" value="1883.40"/>
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type <input type="text" value="001"/>	Transaction ID : D453856
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 <input type="text" value="92975.45"/>		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 AFT Solidarity 527		Date <input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
Mailing Address 555 New Jersey Ave. N.W.		Amount <input type="text" value="135.18"/>
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type <input type="text" value="001"/>	Transaction ID : D453857
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 <input type="text" value="92975.45"/>		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" value="2018.58"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures.....	<input type="text"/>

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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 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 / 29 / 2012	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date M M / D D / Y Y Y Y Y Y 09 / 27 / 2012
Mailing Address 815 - 16th Street, NW		Amount 41.73
City Washington	State DC	
Zip Code 20006	Transaction ID : D453858	
Purpose of Expenditure Walk Packets	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: <u>FL</u> <input checked="" type="checkbox"/> Senate District: <u>00</u> <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 92975.45		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 M M / D D / Y Y Y Y Y Y 09 / 27 / 2012
Mailing Address 100 Indiana Avenue, N.W.		Amount 815.70
City Washington	State DC	
Zip Code 20001	Transaction ID : D453859	
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 71473.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	857.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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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 / 29 / 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 / 27 / 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 : D453860	
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 71473.53 		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 / 27 / 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 : D453861	
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 71473.53 		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;"> 424.12 </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;"> 424.12 </div>

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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 / 29 / 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 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> 14.20 </div>
City Washington	State DC	
Zip Code 20006	Transaction ID : D453862	
Purpose of Expenditure Walk Packets	Category/Type 004	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 71473.53 		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 </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;"> 1083.32 </div>
City Washington	State DC	
Zip Code 20001	Transaction ID : D453863	
Purpose of Expenditure In Kind Staff	Category/Type 001	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 92975.45 		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;"> 1097.52 </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 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	
M M M / D D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 09 29 2012 </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
 09 / 27 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount
 51.79

City State Zip Code
 Washington DC 20005

Transaction ID : D453864

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
 92975.45

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 M / D D D / Y Y Y Y Y Y
 09 / 27 / 2012

Mailing Address 11720 Beltsville Drive #700

Amount
 301.86

City State Zip Code
 Beltsville MD 20705

Transaction ID : D453865

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
 92975.45

Disbursement For: Primary General
 Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	353.65
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Ms. Elizabeth H Shuler

[Electronically Filed]

Date M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 09 / 29 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 27 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1883.40 </div>
City Washington State DC Zip Code 20036	Transaction ID : D453866	
Purpose of Expenditure In Kind Staff	Category/Type 001	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 92975.45 		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 / 27 / 2012 </div>	
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 135.18 </div>	
City Washington State DC Zip Code 20001		Transaction ID : D453867	
Purpose of Expenditure In Kind Staff	Category/Type 001	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 92975.45 		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;"> 2018.58 </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>

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Ms. Elizabeth H Shuler
 Signature [Electronically Filed] Date
MM / DD / YYYY
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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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 09 / 29 / 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 </div>
Mailing Address 815 - 16th Street, NW	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">41.73</div>
City Washington State DC Zip Code 20006	Transaction ID : D453868
Purpose of Expenditure Walk Packets	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Category/Type 004	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 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 92975.45	2012

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	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">225.00</div>
City Cheverly State MD Zip Code 20781	Transaction ID : D453869
Purpose of Expenditure Fliers	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Category/Type 004	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 182376.44	2012

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">266.73</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

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 / 29 / 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 </div>
Mailing Address 815 - 16th Street, NW	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> 3.93 </div>
City Washington State DC Zip Code 20006	Transaction ID : D453870
Purpose of Expenditure Walk Packets	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Category/Type 004	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 182376.44	2012

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	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> 300.00 </div>
City Cheverly State MD Zip Code 20781	Transaction ID : D453871
Purpose of Expenditure Fliers	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Category/Type 004	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Bob Casey	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 26319.15	2012

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> 303.93 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> </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;"> 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;"> M M / D D / Y Y Y Y Y Y 09 / 29 / 2012 </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 09 / 27 / 2012</div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">47.81</div>
City Washington	State DC	
Zip Code 20006	Transaction ID : D453872	
Purpose of Expenditure Walk Packets	Category/ Type <div style="border: 1px solid black; padding: 2px;">004</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; text-align: right;">26319.15</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;">M M / D D / Y Y Y Y Y Y 09 / 27 / 2012</div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2158.57</div>
City Washington	State DC	
Zip Code 20001	Transaction ID : D453873	
Purpose of Expenditure In Kind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px;">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;">456686.88</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;">2206.38</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>

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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 / 29 / 2012 </div>	

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

Date
MM / DD / YYYY
09 / 27 / 2012

Mailing Address 1325 Massachusetts Ave. NW

Amount
51.79

City State Zip Code
Washington DC 20005

Transaction ID : D453874

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 456686.88

Disbursement For: Primary General 2012
 Other (specify) ▶

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

Date
MM / DD / YYYY
09 / 27 / 2012

Mailing Address 11720 Beltsville Drive #700

Amount
1182.39

City State Zip Code
Beltsville MD 20705

Transaction ID : D453875

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 456686.88

Disbursement For: Primary General 2012
 Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1234.18
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Ms. Elizabeth H Shuler

[Electronically Filed]

Date MM / DD / YYYY
10 / 16 / 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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 09 / 29 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee AFSCME Special Account		Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 27 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1883.40 </div>
City Washington State DC Zip Code 20036	Transaction ID : D453876	
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 <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; text-align: right;">456686.88</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 AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 27 / 2012 </div>	
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 237.48 </div>	
City Washington State DC Zip Code 20001		Transaction ID : D453877	
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 <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; text-align: right;">456686.88</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; text-align: right;"> 2120.88 </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

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="float: right; margin-left: 20px;"> MM / DD / YYYY 09 / 29 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 27 / 2012 </div>						
Mailing Address 151 East Lost Toritos	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> Amount 1655.07 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Weslaco</td> <td style="width:33%;">State TX</td> <td style="width:33%;">Zip Code 78596</td> </tr> </table>		City Weslaco	State TX	Zip Code 78596			
City Weslaco	State TX	Zip Code 78596					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Purpose of Expenditure Canvassers</td> <td style="width:15%;">Category/ Type 001</td> <td style="width:40%;">Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</td> </tr> <tr> <td colspan="2"></td> <td>State: NV District: 00</td> </tr> </table>	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: 00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
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: 00					
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 Amount 38205.57 							

Transaction ID : D453959

Full Name (Last, First, Middle Initial) of Payee Extras, Inc.	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 27 / 2012 </div>						
Mailing Address 151 East Lost Toritos	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> Amount 1655.07 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Weslaco</td> <td style="width:33%;">State TX</td> <td style="width:33%;">Zip Code 78596</td> </tr> </table>		City Weslaco	State TX	Zip Code 78596			
City Weslaco	State TX	Zip Code 78596					
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;">Purpose of Expenditure Canvassers</td> <td style="width:15%;">Category/ Type 001</td> <td style="width:40%;">Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</td> </tr> <tr> <td colspan="2"></td> <td>State: District: 00</td> </tr> </table>	Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President			State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Purpose of Expenditure Canvassers	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input 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 Amount 456686.88 							

Transaction ID : D453960

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> Amount 3310.14 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> Amount </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> Amount </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 / 29 / 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 / 27 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 617.06 </div>
City Washington	State DC	
Zip Code 20006	Transaction ID : D453961	
Purpose of Expenditure Robo Calls	Category/Type 004	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 71473.53		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;"> MM / DD / YYYY 09 / 27 / 2012 </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 370.83 </div>
City Washington	State DC	
Zip Code 20005	Transaction ID : D462933	
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
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 92975.45		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	987.89
(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

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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 / 29 / 2012	

Full Name (Last, First, Middle Initial) of Payee APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y Y Y 09 / 27 / 2012
Mailing Address 1300 L Street, NW		Amount 1292.36
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D462934
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: <u>00</u>
Calendar Year-To-Date Per Election for Office Sought 456686.88		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 APWU Separate Segregated Super PAC Account		Date M M / D D / Y Y Y Y Y Y 09 / 27 / 2012
Mailing Address 1300 L Street, NW		Amount 1292.36
City Washington	State DC	
Purpose of Expenditure In Kind Staff	Category/ Type 001	Transaction ID : D462935
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 456686.88		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.....	2584.72
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Ms. Elizabeth H Shuler

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y 10 / 16 / 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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 09 / 29 / 2012 </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;"> MM / DD / YYYY </div>
Mailing Address 1300 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;"> 370.83 </div>
City Washington State DC Zip Code 20005	Transaction ID : D462936	
Purpose of Expenditure In Kind Staff	Category/Type 001	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 92975.45 		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="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>
Mailing Address 4801 Viewpoint Place		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: right;"> 1305.00 </div>
City Cheverly State MD Zip Code 20781	Transaction ID : D453878	
Purpose of Expenditure Fliers	Category/Type 004	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 456686.88 		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;"> 1675.83 </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
MM / DD / YYYY

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 type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 09 / 29 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO	Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 27 / 2012 </div>		
Mailing Address 815 - 16th Street, NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">216.47</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:33%;">State DC</td> <td style="width:33%;">Zip Code 20006</td> </tr> </table>		City Washington	State DC
City Washington	State DC	Zip Code 20006	
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 456686.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : D453879

Full Name (Last, First, Middle Initial) of Payee AFL-CIO	Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 27 / 2012 </div>		
Mailing Address 815 - 16th Street, NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">47.81</div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Washington</td> <td style="width:33%;">State DC</td> <td style="width:33%;">Zip Code 20006</td> </tr> </table>		City Washington	State DC
City Washington	State DC	Zip Code 20006	
Purpose of Expenditure Walk Packets	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	
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 26319.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : D453880

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">264.28</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>

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;"> 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;"> M M / D D / Y Y Y Y Y Y 09 / 29 / 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;"> M M / D D / Y Y Y Y Y Y 09 / 27 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">815.70</div>
City Washington State DC Zip Code 20001	Transaction ID : D453881	
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 71473.53		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;"> M M / D D / Y Y Y Y Y Y 09 / 27 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">321.82</div>
City Beltsville State MD Zip Code 20705	Transaction ID : D453882	
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 71473.53		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;">1137.52</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
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;"> 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 / 29 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee AFT Solidarity 527		Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 09 / 27 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 102.30 </div>
City Washington State DC Zip Code 20001	Transaction ID : D453883	
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 71473.53		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;"> MM / DD / YYYY 09 / 27 / 2012 </div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 14.20 </div>
City Washington State DC Zip Code 20006	Transaction ID : D453884	
Purpose of Expenditure Walk Packets	Category/Type 004	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 71473.53		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;"> 116.50 </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;"> 116.50 </div>

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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;"> 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 / 29 / 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;"> MM / DD / YYYY 09 / 27 / 2012 </div>
Mailing Address 100 Indiana Avenue, N.W.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2158.57 </div>
City Washington State DC Zip Code 20001		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President 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 456686.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D453886

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;"> MM / DD / YYYY 09 / 27 / 2012 </div>
Mailing Address 1325 Massachusetts Ave. NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 51.79 </div>
City Washington State DC Zip Code 20005		
Purpose of Expenditure In Kind Staff	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President 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 456686.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Transaction ID : D453887

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 2210.36 </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 / 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 / 29 / 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 / 27 / 2012 </div>
Mailing Address 11720 Beltsville Drive #700		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1182.39 </div>
City State Zip Code Beltsville MD 20705	Transaction ID : D453888	
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 456686.88 		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;"> MM / DD / YYYY 09 / 27 / 2012 </div>
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 1883.40 </div>
City State Zip Code Washington DC 20036	Transaction ID : D453889	
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 456686.88 		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;"> 3065.79 </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 / 29 / 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 / 27 / 2012 </div>
Mailing Address 555 New Jersey Ave. N.W.	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> 237.48 </div>
City Washington State DC Zip Code 20001	Transaction ID : D453890
Purpose of Expenditure In Kind Staff	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; width: 80%;"> 456686.88 </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="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 27 / 2012 </div>
Mailing Address 4801 Viewpoint Place	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> 945.00 </div>
City Cheverly State MD Zip Code 20781	Transaction ID : D453891
Purpose of Expenditure Fliers	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; width: 80%;"> 456686.88 </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%;"> 1182.48 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 80%;"> </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;"> 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;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 29 / 2012</div> </div>	

Full Name (Last, First, Middle Initial) of Payee AFL-CIO		Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 27 / 2012</div>
Mailing Address 815 - 16th Street, NW		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">216.47</div>
City Washington	State DC	
Zip Code 20006	Transaction ID : D453892	
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: <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;">456686.88</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		Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px;"></div>
City	State	
Zip Code	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input 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;"></div>		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">216.47</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;">31331.11</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