

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

ADDRESS (number and street) 80 Eighth Avenue, Suite 610

Check if different than previously reported. (ACC) New York NY 10011

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00007898

3. IS THIS REPORT NEW (N) OR AMENDED (A)  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

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

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- General (30G)
  - Runoff (30R)
  - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2013 through [MM] / [DD] / [YYYY] 12 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Mary Mahoney

Signature of Treasurer Ms. Mary Mahoney [Electronically Filed] Date 08 / 13 / 2014

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

Office Use Only

FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="591469.04"/>	<input type="text" value="591469.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="708348.73"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="185028.80"/>	<input type="text" value="379520.98"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="893377.53"/>	<input type="text" value="970990.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="77471.90"/>	<input type="text" value="155084.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="815905.63"/>	<input type="text" value="815905.63"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	76781.15	150154.85
(ii) Unitemized .....	108027.71	228899.71
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	184808.86	379054.56
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	184808.86	379054.56
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	219.94	466.42
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	185028.80	379520.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	185028.80	379520.98

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1125.00	6525.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1125.00	6525.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	97000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	202.00	1014.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	202.00	1014.00
29. Other Disbursements .....	30144.90	50545.39
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	77471.90	155084.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77471.90	155084.39

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	184808.86	379054.56
34. Total Contribution Refunds (from Line 28(d)) .....	202.00	1014.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	184606.86	378040.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1125.00	6525.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1125.00	6525.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. JASON ADAMO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9810 E 42ND ST #210

City TULSA	State OK	Zip Code 74146
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6042912**

Amount of Each Receipt this Period  
100.00

**B. JASON ADAMO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9810 E 42ND ST #210

City TULSA	State OK	Zip Code 74146
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6042913**

Amount of Each Receipt this Period  
100.00

**C. JASON ADAMO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9810 E 42ND ST #210

City TULSA	State OK	Zip Code 74146
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6042914**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. JASON ADAMO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9810 E 42ND ST #210  
 City TULSA State OK Zip Code 74146  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6174571**  
 Amount of Each Receipt this Period 100.00

**B. JASON ADAMO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9810 E 42ND ST #210  
 City TULSA State OK Zip Code 74146  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6174572**  
 Amount of Each Receipt this Period 100.00

**C. JASON ADAMO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9810 E 42ND ST #210  
 City TULSA State OK Zip Code 74146  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6174573**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Walter Allen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2013 <b>Transaction ID : C5948287</b>
Mailing Address 7419 Cuvier St		Amount of Each Receipt this Period 140.00
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU, LOCAL NO.30	Occupation Executive Director/Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) <b>B. Walter Allen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 12 / 2013 <b>Transaction ID : C6003522</b>
Mailing Address 7419 Cuvier St		Amount of Each Receipt this Period 40.00
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU, LOCAL NO.30	Occupation Executive Director/Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) <b>C. Walter Allen</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 04 / 2013 <b>Transaction ID : C6053109</b>
Mailing Address 7419 Cuvier St		Amount of Each Receipt this Period 50.00
City La Jolla	State CA	Zip Code 92037
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU, LOCAL NO.30	Occupation Executive Director/Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Walter Allen</b>		Date of Receipt
Mailing Address 7419 Cuvier St		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
La Jolla	CA	92037
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6141728</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
OPEIU, LOCAL NO.30	Executive Director/Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="620.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Walter Allen</b>		Date of Receipt
Mailing Address 7419 Cuvier St		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
La Jolla	CA	92037
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6181955</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
OPEIU, LOCAL NO.30	Executive Director/Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="620.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Walter Allen</b>		Date of Receipt
Mailing Address 7419 Cuvier St		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
La Jolla	CA	92037
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6187712</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
OPEIU, LOCAL NO.30	Executive Director/Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="620.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="130.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Walter Allen**  
Full Name (Last, First, Middle Initial)

Mailing Address 7419 Cuvier St

City La Jolla State CA Zip Code 92037

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, LOCAL NO.30 Occupation Executive Director/Financial Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **620.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2013  
**Transaction ID : C6203455**

Amount of Each Receipt this Period  
**40.00**

**B. Richard JR Altig JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 15440 Bel-Red Rd

City Redmond State WA Zip Code 98052

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4992.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039479**

Amount of Each Receipt this Period  
**416.00**

**C. Richard JR Altig JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 15440 Bel-Red Rd

City Redmond State WA Zip Code 98052

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4992.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039480**

Amount of Each Receipt this Period  
**416.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>872.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Richard JR Altig JR</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6039481</b>
Mailing Address 15440 Bel-Red Rd		Amount of Each Receipt this Period 416.00
City Redmond	State WA	Zip Code 98052
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.00	

Full Name (Last, First, Middle Initial) <b>B. Richard JR Altig JR</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6172166</b>
Mailing Address 15440 Bel-Red Rd		Amount of Each Receipt this Period 416.00
City Redmond	State WA	Zip Code 98052
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.00	

Full Name (Last, First, Middle Initial) <b>C. Richard JR Altig JR</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6172167</b>
Mailing Address 15440 Bel-Red Rd		Amount of Each Receipt this Period 416.00
City Redmond	State WA	Zip Code 98052
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1248.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Richard JR Altig JR</b>		Date of Receipt
Mailing Address 15440 Bel-Red Rd		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Redmond	WA	98052
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4992.00"/>	
		Transaction ID : <b>C6172168</b>
		Amount of Each Receipt this Period
		<input type="text" value="416.00"/>

Full Name (Last, First, Middle Initial) <b>B. DIEGO R ARANGOPUERTA</b>		Date of Receipt
Mailing Address 13902 BROADWING DR		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
ORLANDO	FL	32837
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	
		Transaction ID : <b>C6041100</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>C. DIEGO R ARANGOPUERTA</b>		Date of Receipt
Mailing Address 13902 BROADWING DR		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
ORLANDO	FL	32837
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	
		Transaction ID : <b>C6041101</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="616.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. DIEGO R ARANGOPUERTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13902 BROADWING DR  
 City State Zip Code  
 ORLANDO FL 32837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6041102**  
 Amount of Each Receipt this Period  
 100.00

**B. DIEGO R ARANGOPUERTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13902 BROADWING DR  
 City State Zip Code  
 ORLANDO FL 32837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173472**  
 Amount of Each Receipt this Period  
 100.00

**C. DIEGO R ARANGOPUERTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13902 BROADWING DR  
 City State Zip Code  
 ORLANDO FL 32837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Insurance Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173473**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. DIEGO R ARANGOPUERTA**  
Full Name (Last, First, Middle Initial)

Mailing Address 13902 BROADWING DR

City ORLANDO State FL Zip Code 32837

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173474**

Amount of Each Receipt this Period  
 100.00

**B. SIMON A ARIAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 INDIAN MEADOW DR

City MARS State PA Zip Code 16046

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6042608**

Amount of Each Receipt this Period  
 100.00

**C. SIMON A ARIAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 INDIAN MEADOW DR

City MARS State PA Zip Code 16046

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6042609**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. SIMON A ARIAS**

Mailing Address 103 INDIAN MEADOW DR

City MARS State PA Zip Code 16046

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6042610**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. SIMON A ARIAS**

Mailing Address 103 INDIAN MEADOW DR

City MARS State PA Zip Code 16046

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2013**

**Transaction ID : C6174396**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. SIMON A ARIAS**

Mailing Address 103 INDIAN MEADOW DR

City MARS State PA Zip Code 16046

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2013**

**Transaction ID : C6174397**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. SIMON A ARIAS**

Mailing Address 103 INDIAN MEADOW DR

City State Zip Code  
MARS PA 16046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2013  
**Transaction ID : C6174398**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Malka Arony**

Mailing Address 3217 E Tonto Ln

City State Zip Code  
Phoenix AZ 85050

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2013  
**Transaction ID : C6038356**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**C. Malka Arony**

Mailing Address 3217 E Tonto Ln

City State Zip Code  
Phoenix AZ 85050

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2013  
**Transaction ID : C6171079**

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Dennis R Arrington</b>			Date of Receipt MM / DD / YYYY 07 / 03 / 2013 <b>Transaction ID : C5948562</b>
Mailing Address 2222 Bull St			Amount of Each Receipt this Period 100.00
City Savannah	State GA	Zip Code 31401	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1200.00	
Name of Employer Local 4873		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dennis R Arrington</b>			Date of Receipt MM / DD / YYYY 08 / 05 / 2013 <b>Transaction ID : C5991753</b>
Mailing Address 2222 Bull St			Amount of Each Receipt this Period 100.00
City Savannah	State GA	Zip Code 31401	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1200.00	
Name of Employer Local 4873		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dennis R Arrington</b>			Date of Receipt MM / DD / YYYY 09 / 04 / 2013 <b>Transaction ID : C6053182</b>
Mailing Address 2222 Bull St			Amount of Each Receipt this Period 100.00
City Savannah	State GA	Zip Code 31401	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1200.00	
Name of Employer Local 4873		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 305  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Dennis R Arrington**

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee. **C**

Name of Employer Local 4873 Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2013  
**Transaction ID : C6125291**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Dennis R Arrington**

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee. **C**

Name of Employer Local 4873 Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6182074**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Dennis R Arrington**

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee. **C**

Name of Employer Local 4873 Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2013  
**Transaction ID : C6196966**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Lolita Babaran**

Mailing Address 1549 Apache Dr  
 Unit C

City Chula Vista      State CA      Zip Code 91910-7191

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Local 30      Occupation clerk

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2013

**Transaction ID : C5948291**

Amount of Each Receipt this Period  
 75.00

Full Name (Last, First, Middle Initial)  
**B. Lolita Babaran**

Mailing Address 1549 Apache Dr  
 Unit C

City Chula Vista      State CA      Zip Code 91910-7191

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Local 30      Occupation clerk

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2013

**Transaction ID : C6003505**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Lolita Babaran**

Mailing Address 1549 Apache Dr  
 Unit C

City Chula Vista      State CA      Zip Code 91910-7191

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Local 30      Occupation clerk

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013

**Transaction ID : C6053103**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Lolita Babaran**

Mailing Address 1549 Apache Dr  
 Unit C

City Chula Vista      State CA      Zip Code 91910-7191

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Local 30      Occupation clerk

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2013  
**Transaction ID : C6141666**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Lolita Babaran**

Mailing Address 1549 Apache Dr  
 Unit C

City Chula Vista      State CA      Zip Code 91910-7191

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Local 30      Occupation clerk

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6182024**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Lolita Babaran**

Mailing Address 1549 Apache Dr  
 Unit C

City Chula Vista      State CA      Zip Code 91910-7191

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Local 30      Occupation clerk

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : C6187650**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Lolita Babaran</b>		Date of Receipt
Mailing Address 1549 Apache Dr Unit C		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City Chula Vista	State CA	Zip Code 91910-7191
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6203345</b>
Name of Employer OPEIU Local 30	Occupation clerk	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="2000"/>
	<input type="text" value="315.00"/>	

Full Name (Last, First, Middle Initial) <b>B. JAMES BAILEY</b>		Date of Receipt
Mailing Address 1103 N 25TH ST		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City OZARK	State MO	Zip Code 65721
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6040315</b>
Name of Employer National Income Life Insurance	Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JAMES BAILEY</b>		Date of Receipt
Mailing Address 1103 N 25TH ST		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City OZARK	State MO	Zip Code 65721
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6040316</b>
Name of Employer National Income Life Insurance	Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="1200.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="220.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. JAMES BAILEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1103 N 25TH ST

City OZARK State MO Zip Code 65721

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
09 / 05 / 2013  
Transaction ID : C6040317

Amount of Each Receipt this Period  
100.00

**B. JAMES BAILEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1103 N 25TH ST

City OZARK State MO Zip Code 65721

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
11 / 05 / 2013  
Transaction ID : C6172881

Amount of Each Receipt this Period  
100.00

**C. JAMES BAILEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1103 N 25TH ST

City OZARK State MO Zip Code 65721

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
11 / 05 / 2013  
Transaction ID : C6172882

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. JAMES BAILEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1103 N 25TH ST

City OZARK State MO Zip Code 65721

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172883**

Amount of Each Receipt this Period  
 100.00

**B. Lena Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Cherry Ridge St.,Ste.A109

City San Antonio State TX Zip Code 78245

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, Local 4873 Occupation Bus. Rep.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2013  
**Transaction ID : C5948563**

Amount of Each Receipt this Period  
 50.00

**C. Lena Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Cherry Ridge St.,Ste.A109

City San Antonio State TX Zip Code 78245

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, Local 4873 Occupation Bus. Rep.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2013  
**Transaction ID : C5991754**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Lena Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Cherry Ridge St.,Ste.A109

City San Antonio	State TX	Zip Code 78245
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, Local 4873	Occupation Bus. Rep.
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2013

**Transaction ID : C6053183**

Amount of Each Receipt this Period  

50.00
-------

**B. Lena Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Cherry Ridge St.,Ste.A109

City San Antonio	State TX	Zip Code 78245
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, Local 4873	Occupation Bus. Rep.
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2013

**Transaction ID : C6125292**

Amount of Each Receipt this Period  

50.00
-------

**C. Lena Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Cherry Ridge St.,Ste.A109

City San Antonio	State TX	Zip Code 78245
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, Local 4873	Occupation Bus. Rep.
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6182075**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Lena Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Cherry Ridge St.,Ste.A109

City San Antonio	State TX	Zip Code 78245
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, Local 4873	Occupation Bus. Rep.
---------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2013

**Transaction ID : C6196967**

Amount of Each Receipt this Period  

50.00
-------

**B. Mark Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 771 Bajo Ct

City Chula Vista	State CA	Zip Code 91910
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU #30	Occupation Bus. Agent
-------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2013

**Transaction ID : C5948293**

Amount of Each Receipt this Period  

75.00
-------

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

Mailing Address 771 Bajo Ct

City Chula Vista	State CA	Zip Code 91910
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU #30	Occupation Bus. Agent
-------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2013

**Transaction ID : C6003519**

Amount of Each Receipt this Period  

20.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>145.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Mark Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 771 Bajo Ct

City Chula Vista	State CA	Zip Code 91910
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer OPEIU #30	Occupation Bus. Agent
-------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6053106**

Amount of Each Receipt this Period

**B. Mark Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 771 Bajo Ct

City Chula Vista	State CA	Zip Code 91910
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer OPEIU #30	Occupation Bus. Agent
-------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6141745**

Amount of Each Receipt this Period

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

Mailing Address 771 Bajo Ct

City Chula Vista	State CA	Zip Code 91910
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer OPEIU #30	Occupation Bus. Agent
-------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6182033**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)  
**A. Mark Bailey**

Mailing Address 771 Bajo Ct

City Chula Vista State CA Zip Code 91910

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU #30 Occupation Bus. Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2013  
**Transaction ID : C6203453**

Amount of Each Receipt this Period  
15.00

Full Name (Last, First, Middle Initial)  
**B. Annette Baxter**

Mailing Address 765 Taft Ave

City El Cajon State CA Zip Code 92020-6444

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Local 30 Occupation Business Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2013  
**Transaction ID : C5948295**

Amount of Each Receipt this Period  
75.00

Full Name (Last, First, Middle Initial)  
**C. Annette Baxter**

Mailing Address 765 Taft Ave

City El Cajon State CA Zip Code 92020-6444

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Local 30 Occupation Business Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2013  
**Transaction ID : C6003506**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Annette Baxter</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2013 <b>Transaction ID : C6053102</b>
Mailing Address 765 Taft Ave		Amount of Each Receipt this Period 25.00
City El Cajon	State CA	Zip Code 92020-6444
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU Local 30	Occupation Business Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B. Annette Baxter</b>		Date of Receipt MM / DD / YYYY 10 / 10 / 2013 <b>Transaction ID : C6141667</b>
Mailing Address 765 Taft Ave		Amount of Each Receipt this Period 20.00
City El Cajon	State CA	Zip Code 92020-6444
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU Local 30	Occupation Business Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. Annette Baxter</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6182025</b>
Mailing Address 765 Taft Ave		Amount of Each Receipt this Period 25.00
City El Cajon	State CA	Zip Code 92020-6444
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU Local 30	Occupation Business Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Annette Baxter</b>		Date of Receipt
Mailing Address 765 Taft Ave		<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City State Zip Code El Cajon CA 92020-6444		<b>Transaction ID : C6187651</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation OPEIU Local 30 Business Agent		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Annette Baxter</b>		Date of Receipt
Mailing Address 765 Taft Ave		<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City State Zip Code El Cajon CA 92020-6444		<b>Transaction ID : C6203346</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation OPEIU Local 30 Business Agent		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Michelle M Baxter</b>		Date of Receipt
Mailing Address PO Box 208		<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City State Zip Code Waco TX 76703		<b>Transaction ID : C6042838</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation American Income Life Insurance Agent		<input type="text" value="150.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="550.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="190.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Michelle M Baxter</b>		Date of Receipt
Mailing Address PO Box 208		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Waco	TX	76703
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6174518</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Stephen P Bendure</b>		Date of Receipt
Mailing Address 6100 Baneberry Dr		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Westerville	OH	43082
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6039413</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Stephen P Bendure</b>		Date of Receipt
Mailing Address 6100 Baneberry Dr		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Westerville	OH	43082
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6039414</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="210.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Stephen P Bendure</b>		Date of Receipt
Mailing Address 6100 Baneberry Dr		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Westerville	OH	43082
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	
		Transaction ID : <b>C6039415</b>
		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>

Full Name (Last, First, Middle Initial) <b>B. Stephen P Bendure</b>		Date of Receipt
Mailing Address 6100 Baneberry Dr		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Westerville	OH	43082
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	
		Transaction ID : <b>C6172101</b>
		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>

Full Name (Last, First, Middle Initial) <b>C. Stephen P Bendure</b>		Date of Receipt
Mailing Address 6100 Baneberry Dr		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Westerville	OH	43082
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	
		Transaction ID : <b>C6172102</b>
		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Stephen P Bendure**

Mailing Address 6100 Baneberry Dr

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Ins. Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2013  
**Transaction ID : C6172103**

Amount of Each Receipt this Period  
30.00

Full Name (Last, First, Middle Initial)  
**B. Yaroslav Bitman**

Mailing Address 4704 Saratoga Falls Ln

City State Zip Code  
Raleigh NC 27614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2013  
**Transaction ID : C6038438**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Yaroslav Bitman**

Mailing Address 4704 Saratoga Falls Ln

City State Zip Code  
Raleigh NC 27614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2013  
**Transaction ID : C6038439**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 305
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Yaroslav Bitman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4704 Saratoga Falls Ln  
 City Raleigh State NC Zip Code 27614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6038440**  
 Amount of Each Receipt this Period 100.00

**B. Yaroslav Bitman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4704 Saratoga Falls Ln  
 City Raleigh State NC Zip Code 27614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6171163**  
 Amount of Each Receipt this Period 100.00

**C. Yaroslav Bitman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4704 Saratoga Falls Ln  
 City Raleigh State NC Zip Code 27614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6171164**  
 Amount of Each Receipt this Period 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Yaroslav Bitman</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6171165</b>
Mailing Address 4704 Saratoga Falls Ln		Amount of Each Receipt this Period 100.00
City Raleigh	State NC	Zip Code 27614
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. David E Blaisdell</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013 <b>Transaction ID : C6038672</b>
Mailing Address 537 Hogan Branch Rd		Amount of Each Receipt this Period 90.00
City Goodlettsville	State TN	Zip Code 37072
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>C. David E Blaisdell</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6171396</b>
Mailing Address 537 Hogan Branch Rd		Amount of Each Receipt this Period 90.00
City Goodlettsville	State TN	Zip Code 37072
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	280.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 305		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Lisa Blake**  
Full Name (Last, First, Middle Initial)

Mailing Address 30445 Fox Club Drive

City Farmington Hills State MI Zip Code 48331-1953

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Local 42 Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2013  
**Transaction ID : C5981686**

Amount of Each Receipt this Period  
 48.00

**B. Lisa Blake**  
Full Name (Last, First, Middle Initial)

Mailing Address 30445 Fox Club Drive

City Farmington Hills State MI Zip Code 48331-1953

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Local 42 Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2013  
**Transaction ID : C6123587**

Amount of Each Receipt this Period  
 30.00

**C. Lisa Blake**  
Full Name (Last, First, Middle Initial)

Mailing Address 30445 Fox Club Drive

City Farmington Hills State MI Zip Code 48331-1953

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Local 42 Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2013  
**Transaction ID : C6152653**

Amount of Each Receipt this Period  
 24.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Lisa Blake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30445 Fox Club Drive  
 City Farmington Hills State MI Zip Code 48331-1953  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OPEIU Local 42 Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2013  
**Transaction ID : C6196957**  
 Amount of Each Receipt this Period  
 30.00

**B. Lisa Blake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30445 Fox Club Drive  
 City Farmington Hills State MI Zip Code 48331-1953  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OPEIU Local 42 Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2013  
**Transaction ID : C6196959**  
 Amount of Each Receipt this Period  
 24.00

**C. Paul Bohelski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8800 Elbe Trail  
 City Ft. Worth State TX Zip Code 76118  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OPEIU Occupation Senior Int'l Rep.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2013  
**Transaction ID : C5978051**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	84.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Paul Bohelski</b>		Date of Receipt 08 / 12 / 2013 <b>Transaction ID : C6003761</b>
Mailing Address 8800 Elbe Trail		Amount of Each Receipt this Period 30.00
City Ft. Worth	State TX	Zip Code 76118
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU	Occupation Senior Int'l Rep.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>B. Paul Bohelski</b>		Date of Receipt 09 / 20 / 2013 <b>Transaction ID : C6056293</b>
Mailing Address 8800 Elbe Trail		Amount of Each Receipt this Period 30.00
City Ft. Worth	State TX	Zip Code 76118
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU	Occupation Senior Int'l Rep.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>C. Paul Bohelski</b>		Date of Receipt 10 / 16 / 2013 <b>Transaction ID : C6147580</b>
Mailing Address 8800 Elbe Trail		Amount of Each Receipt this Period 30.00
City Ft. Worth	State TX	Zip Code 76118
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU	Occupation Senior Int'l Rep.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Paul Bohelski</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 26 / 2013 <b>Transaction ID : C6187859</b>
Mailing Address 8800 Elbe Trail		Amount of Each Receipt this Period 45.00
City Ft. Worth	State TX	Zip Code 76118
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU	Occupation Senior Int'l Rep.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>B. Paul Bohelski</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2013 <b>Transaction ID : C6203532</b>
Mailing Address 8800 Elbe Trail		Amount of Each Receipt this Period 30.00
City Ft. Worth	State TX	Zip Code 76118
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU	Occupation Senior Int'l Rep.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>C. John Brenton IV</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 03 / 2013 <b>Transaction ID : C5948564</b>
Mailing Address 2222 Bull Street Suite 200		Amount of Each Receipt this Period 25.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C	Name of Employer Local 4873	Occupation Sec.-Treas.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. John Brenton IV</b>		Date of Receipt MM / DD / YYYY 08 / 05 / 2013 <b>Transaction ID : C5991755</b>
Mailing Address 2222 Bull Street Suite 200		Amount of Each Receipt this Period 25.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C		
Name of Employer Local 4873	Occupation Sec.-Treas.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. John Brenton IV</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2013 <b>Transaction ID : C6053184</b>
Mailing Address 2222 Bull Street Suite 200		Amount of Each Receipt this Period 25.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C		
Name of Employer Local 4873	Occupation Sec.-Treas.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C. John Brenton IV</b>		Date of Receipt MM / DD / YYYY 10 / 03 / 2013 <b>Transaction ID : C6125293</b>
Mailing Address 2222 Bull Street Suite 200		Amount of Each Receipt this Period 25.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C		
Name of Employer Local 4873	Occupation Sec.-Treas.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. John Brenton IV**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull Street  
Suite 200

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee. **C**

Name of Employer Local 4873 Occupation Sec.-Treas.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
**11 / 05 / 2013**

**Transaction ID : C6182077**

Amount of Each Receipt this Period  
**25.00**

**B. John Brenton IV**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull Street  
Suite 200

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee. **C**

Name of Employer Local 4873 Occupation Sec.-Treas.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
**12 / 04 / 2013**

**Transaction ID : C6196968**

Amount of Each Receipt this Period  
**25.00**

**C. Lisa Bundnick**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, Local #4873 Occupation Ex. Secretary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**07 / 03 / 2013**

**Transaction ID : C5948567**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Lisa Bundnick</b>			Date of Receipt
Mailing Address 2222 Bull St			<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C5991758</b>
Savannah	GA	31401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
OPEIU, Local #4873	Ex. Secretary		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Lisa Bundnick</b>			Date of Receipt
Mailing Address 2222 Bull St			<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6053187</b>
Savannah	GA	31401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
OPEIU, Local #4873	Ex. Secretary		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Lisa Bundnick</b>			Date of Receipt
Mailing Address 2222 Bull St			<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6125296</b>
Savannah	GA	31401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
OPEIU, Local #4873	Ex. Secretary		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Lisa Bundnick</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6182078</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Ex. Secretary	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Lisa Bundnick</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6196971</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Ex. Secretary	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Juliet Casey</b>		Date of Receipt
Mailing Address 1015 Howard Grove Ct		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Davidsonville	MD	21035-1246
FEC ID number of contributing federal political committee.		<b>Transaction ID : C5978030</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
OPEIU S-T's Office	ASSIST. TO ST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="410.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Juliet Casey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1015 Howard Grove Ct  
 City Davidsonville State MD Zip Code 21035-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU S-T's Office Occupation ASSIST. TO ST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2013  
**Transaction ID : C6003746**  
 Amount of Each Receipt this Period  
 30.00

**B. Juliet Casey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1015 Howard Grove Ct  
 City Davidsonville State MD Zip Code 21035-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU S-T's Office Occupation ASSIST. TO ST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2013  
**Transaction ID : C6056278**  
 Amount of Each Receipt this Period  
 30.00

**C. Juliet Casey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1015 Howard Grove Ct  
 City Davidsonville State MD Zip Code 21035-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU S-T's Office Occupation ASSIST. TO ST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2013  
**Transaction ID : C6147563**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 305  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Juliet Casey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1015 Howard Grove Ct  
City Davidsonville State MD Zip Code 21035-1246  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU S-T's Office Occupation ASSIST. TO ST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 26 / 2013  
**Transaction ID : C6187831**  
Amount of Each Receipt this Period  
45.00

**B. Juliet Casey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1015 Howard Grove Ct  
City Davidsonville State MD Zip Code 21035-1246  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU S-T's Office Occupation ASSIST. TO ST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 16 / 2013  
**Transaction ID : C6203517**  
Amount of Each Receipt this Period  
30.00

**C. Juliet Casey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1015 Howard Grove Ct  
City Davidsonville State MD Zip Code 21035-1246  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU S-T's Office Occupation ASSIST. TO ST  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 26 / 2013  
**Transaction ID : C6209473**  
Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. SAMANTHA X CHUI**  
Full Name (Last, First, Middle Initial)

Mailing Address 2327 TALLAPOOSA DR

City State Zip Code  
DULUTH GA 30097

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6039982**

Amount of Each Receipt this Period

**B. SAMANTHA X CHUI**  
Full Name (Last, First, Middle Initial)

Mailing Address 2327 TALLAPOOSA DR

City State Zip Code  
DULUTH GA 30097

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6039983**

Amount of Each Receipt this Period

**C. SAMANTHA X CHUI**  
Full Name (Last, First, Middle Initial)

Mailing Address 2327 TALLAPOOSA DR

City State Zip Code  
DULUTH GA 30097

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
National Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6039984**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. SAMANTHA X CHUI</b>		Date of Receipt
Mailing Address 2327 TALLAPOOSA DR		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : C6172615</b>
DULUTH	GA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="100.00"/>
Name of Employer	Occupation	
National Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. SAMANTHA X CHUI</b>		Date of Receipt
Mailing Address 2327 TALLAPOOSA DR		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : C6172616</b>
DULUTH	GA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="100.00"/>
Name of Employer	Occupation	
National Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. SAMANTHA X CHUI</b>		Date of Receipt
Mailing Address 2327 TALLAPOOSA DR		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	<b>Transaction ID : C6172617</b>
DULUTH	GA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="100.00"/>
Name of Employer	Occupation	
National Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Robert A Chun**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 29329

City Honolulu State HI Zip Code 96820

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039399**

Amount of Each Receipt this Period  
 25.00

**B. Robert A Chun**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 29329

City Honolulu State HI Zip Code 96820

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039400**

Amount of Each Receipt this Period  
 25.00

**C. Robert A Chun**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 29329

City Honolulu State HI Zip Code 96820

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 11 / 05 / 2013  
**Transaction ID : C6172088**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Timothy D Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 861 B'S and K'S Rd  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 360.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039416**  
 Amount of Each Receipt this Period  
 30.00

**B. Timothy D Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 861 B'S and K'S Rd  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 360.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039417**  
 Amount of Each Receipt this Period  
 30.00

**C. Timothy D Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 861 B'S and K'S Rd  
 City Galena State OH Zip Code 43021  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 360.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039418**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Timothy D Clark</b>		Date of Receipt
Mailing Address 861 B'S and K'S Rd		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Galena State OH Zip Code 43021		<b>Transaction ID : C6172104</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer American Income Life Ins. Occupation Insurance Agent		<input type="text" value="30.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Timothy D Clark</b>		Date of Receipt
Mailing Address 861 B'S and K'S Rd		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Galena State OH Zip Code 43021		<b>Transaction ID : C6172105</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer American Income Life Ins. Occupation Insurance Agent		<input type="text" value="30.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Timothy D Clark</b>		Date of Receipt
Mailing Address 861 B'S and K'S Rd		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Galena State OH Zip Code 43021		<b>Transaction ID : C6172106</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer American Income Life Ins. Occupation Insurance Agent		<input type="text" value="30.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="360.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 OF 305 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Eric L Cochran**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Se Princeton PI

City Lees Summit State MO Zip Code 64081

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6039437**

Amount of Each Receipt this Period  
**100.00**

**B. Eric L Cochran**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Se Princeton PI

City Lees Summit State MO Zip Code 64081

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6039438**

Amount of Each Receipt this Period  
**100.00**

**C. Eric L Cochran**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Se Princeton PI

City Lees Summit State MO Zip Code 64081

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6039439**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Eric L Cochran**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Se Princeton PI

City Lees Summit State MO Zip Code 64081

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172125**

Amount of Each Receipt this Period  
 100.00

**B. Eric L Cochran**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Se Princeton PI

City Lees Summit State MO Zip Code 64081

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172126**

Amount of Each Receipt this Period  
 100.00

**C. Eric L Cochran**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Se Princeton PI

City Lees Summit State MO Zip Code 64081

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172127**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. David Cohen**  
Full Name (Last, First, Middle Initial)

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles	State CA	Zip Code 90036
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  
09 / 05 / 2013  
Transaction ID : C6038728

Amount of Each Receipt this Period  
150.00

**B. David Cohen**  
Full Name (Last, First, Middle Initial)

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles	State CA	Zip Code 90036
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  
09 / 05 / 2013  
Transaction ID : C6038729

Amount of Each Receipt this Period  
150.00

**C. David Cohen**  
Full Name (Last, First, Middle Initial)

Mailing Address 5700 Wilshire Blvd Ste 480

City Los Angeles	State CA	Zip Code 90036
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  
09 / 05 / 2013  
Transaction ID : C6038730

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. David Cohen</b>		Date of Receipt 11 / 05 / 2013 <b>Transaction ID : C6171449</b>
Mailing Address 5700 Wilshire Blvd Ste 480		Amount of Each Receipt this Period 150.00
City Los Angeles	State CA	Zip Code 90036
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>B. David Cohen</b>		Date of Receipt 11 / 05 / 2013 <b>Transaction ID : C6171450</b>
Mailing Address 5700 Wilshire Blvd Ste 480		Amount of Each Receipt this Period 150.00
City Los Angeles	State CA	Zip Code 90036
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>C. David Cohen</b>		Date of Receipt 11 / 05 / 2013 <b>Transaction ID : C6171454</b>
Mailing Address 5700 Wilshire Blvd Ste 480		Amount of Each Receipt this Period 150.00
City Los Angeles	State CA	Zip Code 90036
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Micah Cohen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5700 Wilshire Blvd Ste 480  
 City Los Angeles State CA Zip Code 90036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039461**  
 Amount of Each Receipt this Period  
 150.00

**B. Micah Cohen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5700 Wilshire Blvd Ste 480  
 City Los Angeles State CA Zip Code 90036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039462**  
 Amount of Each Receipt this Period  
 150.00

**C. Micah Cohen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5700 Wilshire Blvd Ste 480  
 City Los Angeles State CA Zip Code 90036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039466**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Micah Cohen</b>		Date of Receipt
Mailing Address 5700 Wilshire Blvd Ste 480		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Los Angeles	CA	90036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6172146</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Insurance Agent	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Micah Cohen</b>		Date of Receipt
Mailing Address 5700 Wilshire Blvd Ste 480		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Los Angeles	CA	90036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6172147</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Insurance Agent	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Micah Cohen</b>		Date of Receipt
Mailing Address 5700 Wilshire Blvd Ste 480		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Los Angeles	CA	90036
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6172148</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Insurance Agent	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. John F Conley**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Brannen Dr

City Savannah State GA Zip Code 31410-1402

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Local 4873 Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2013  
**Transaction ID : C6209503**

Amount of Each Receipt this Period  
 200.00

**B. BRANDON C COOLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1320 N CONCORD AVE

City CHANDLER State AZ Zip Code 85225

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6043516**

Amount of Each Receipt this Period  
 100.00

**C. BRANDON C COOLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1320 N CONCORD AVE

City CHANDLER State AZ Zip Code 85225

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6043517**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. BRANDON C COOLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4140 N CENTRAL AVE #600

City PHOENIX	State AZ	Zip Code 85012
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039915**

Amount of Each Receipt this Period  
100.00

**B. BRANDON C COOLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1320 N CONCORD AVE

City CHANDLER	State AZ	Zip Code 85225
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6175286**

Amount of Each Receipt this Period  
100.00

**C. BRANDON C COOLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1320 N CONCORD AVE

City CHANDLER	State AZ	Zip Code 85225
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6175287**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. BRANDON C COOLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1320 N CONCORD AVE  
 City CHANDLER State AZ Zip Code 85225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 05 / 2013**  
**Transaction ID : C6175288**  
 Amount of Each Receipt this Period **100.00**

**B. Carmen Corral**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 808 Caminito Del Reposo  
 City Carlsbad State CA Zip Code 92011-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU L 30 Occupation Executive Board  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **07 / 11 / 2013**  
**Transaction ID : C5948315**  
 Amount of Each Receipt this Period **90.00**

**C. Carmen Corral**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 808 Caminito Del Reposo  
 City Carlsbad State CA Zip Code 92011-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU L 30 Occupation Executive Board  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 04 / 2013**  
**Transaction ID : C6053101**  
 Amount of Each Receipt this Period **20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Carmen Corral**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 808 Caminito Del Reposo  
 City Carlsbad State CA Zip Code 92011-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU L 30 Occupation Executive Board  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2013  
**Transaction ID : C6141791**  
 Amount of Each Receipt this Period  
 20.00

**B. Carmen Corral**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 808 Caminito Del Reposo  
 City Carlsbad State CA Zip Code 92011-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU L 30 Occupation Executive Board  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6181954**  
 Amount of Each Receipt this Period  
 20.00

**C. Carmen Corral**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 808 Caminito Del Reposo  
 City Carlsbad State CA Zip Code 92011-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU L 30 Occupation Executive Board  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2013  
**Transaction ID : C6203347**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 305  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. NIGEL A CROWE**

Mailing Address 16611 HIGHLAND SUMMIT DR

City WILDWOOD	State MO	Zip Code 63011
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6042358**

Amount of Each Receipt this Period  

100.00
--------

Full Name (Last, First, Middle Initial)  
**B. NIGEL A CROWE**

Mailing Address 16611 HIGHLAND SUMMIT DR

City WILDWOOD	State MO	Zip Code 63011
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6042359**

Amount of Each Receipt this Period  

10.00
-------

Full Name (Last, First, Middle Initial)  
**C. NIGEL A CROWE**

Mailing Address 16611 HIGHLAND SUMMIT DR

City WILDWOOD	State MO	Zip Code 63011
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6042360**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 305  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. NIGEL A CROWE**

Mailing Address 16611 HIGHLAND SUMMIT DR

City WILDWOOD	State MO	Zip Code 63011
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6174267**

Amount of Each Receipt this Period  

100.00
--------

Full Name (Last, First, Middle Initial)  
**B. NIGEL A CROWE**

Mailing Address 16611 HIGHLAND SUMMIT DR

City WILDWOOD	State MO	Zip Code 63011
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6174268**

Amount of Each Receipt this Period  

100.00
--------

Full Name (Last, First, Middle Initial)  
**C. NIGEL A CROWE**

Mailing Address 16611 HIGHLAND SUMMIT DR

City WILDWOOD	State MO	Zip Code 63011
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6174269**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. JAMES X CUNNINGHAM</b>		Date of Receipt
Mailing Address 9880 WESTPOINT DR STE 500		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
INDIANAPOLIS	IN	46256
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6041163</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>B. JAMES X CUNNINGHAM</b>		Date of Receipt
Mailing Address 9880 WESTPOINT DR STE 500		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
INDIANAPOLIS	IN	46256
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6041164</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JAMES X CUNNINGHAM</b>		Date of Receipt
Mailing Address 9880 WESTPOINT DR STE 500		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
INDIANAPOLIS	IN	46256
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6041165</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. JAMES X CUNNINGHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173518**

Amount of Each Receipt this Period  
**50.00**

**B. JAMES X CUNNINGHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173519**

Amount of Each Receipt this Period  
**50.00**

**C. JAMES X CUNNINGHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173520**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Kevin Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Morning Breeze Ct

City Silver Springs State MD Zip Code 20904

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6039548**

Amount of Each Receipt this Period  
**100.00**

**B. Kevin Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Morning Breeze Ct

City Silver Springs State MD Zip Code 20904

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6039549**

Amount of Each Receipt this Period  
**100.00**

**C. Kevin Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Morning Breeze Ct

City Silver Springs State MD Zip Code 20904

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6039550**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Kevin Davis</b>		Date of Receipt
Mailing Address 15 Morning Breeze Ct		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Silver Springs	MD	20904
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6172227</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kevin Davis</b>		Date of Receipt
Mailing Address 15 Morning Breeze Ct		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Silver Springs	MD	20904
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6172228</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kevin Davis</b>		Date of Receipt
Mailing Address 15 Morning Breeze Ct		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Silver Springs	MD	20904
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6172229</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Scott R Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34420 St Maron Blvd  
 City Avon State OH Zip Code 44011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1015.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6038850**  
 Amount of Each Receipt this Period  
 100.00

**B. Scott R Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34420 St Maron Blvd  
 City Avon State OH Zip Code 44011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1015.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6038851**  
 Amount of Each Receipt this Period  
 10.00

**C. Scott R Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34420 St Maron Blvd  
 City Avon State OH Zip Code 44011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1015.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6038852**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Scott R Davis</b>		Date of Receipt
Mailing Address 34420 St Maron Blvd		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Avon State OH Zip Code 44011		<b>Transaction ID : C6171563</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer American Income Life Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1015.00"/>

Full Name (Last, First, Middle Initial) <b>B. Scott R Davis</b>		Date of Receipt
Mailing Address 34420 St Maron Blvd		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Avon State OH Zip Code 44011		<b>Transaction ID : C6171564</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer American Income Life Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1015.00"/>

Full Name (Last, First, Middle Initial) <b>C. Scott R Davis</b>		Date of Receipt
Mailing Address 34420 St Maron Blvd		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Avon State OH Zip Code 44011		<b>Transaction ID : C6171565</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer American Income Life Occupation Insurance Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1015.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Cara A Defiore</b>		Date of Receipt
Mailing Address 4624 Terrang Trl		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Machesney Park	IL	61115
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6038656</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AMERICAN INCOME LIFE INSURANCE	Insurance Agent	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Cara A Defiore</b>		Date of Receipt
Mailing Address 4624 Terrang Trl		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Machesney Park	IL	61115
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6038657</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AMERICAN INCOME LIFE INSURANCE	Insurance Agent	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Cara A Defiore</b>		Date of Receipt
Mailing Address 4624 Terrang Trl		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Machesney Park	IL	61115
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6038658</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AMERICAN INCOME LIFE INSURANCE	Insurance Agent	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:	PAGE 69 OF 305
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Cara A Defiore**  
Full Name (Last, First, Middle Initial)

Mailing Address 4624 Terrang Trl

City Machesney Park State IL Zip Code 61115

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6171381**

Amount of Each Receipt this Period  
 40.00

**B. Cara A Defiore**  
Full Name (Last, First, Middle Initial)

Mailing Address 4624 Terrang Trl

City Machesney Park State IL Zip Code 61115

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6171382**

Amount of Each Receipt this Period  
 40.00

**C. Cara A Defiore**  
Full Name (Last, First, Middle Initial)

Mailing Address 4624 Terrang Trl

City Machesney Park State IL Zip Code 61115

FEC ID number of contributing federal political committee. **C**

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013

**Transaction ID : C6171383**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Jason P Dickson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 408 Blue Ridge Dr  
City Moon Township State PA Zip Code 15108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6038404**  
Amount of Each Receipt this Period  
25.00

**B. Jason P Dickson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 408 Blue Ridge Dr  
City Moon Township State PA Zip Code 15108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6038405**  
Amount of Each Receipt this Period  
25.00

**C. Jason P Dickson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 408 Blue Ridge Dr  
City Moon Township State PA Zip Code 15108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6038406**  
Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Jason P Dickson</b>		Date of Receipt
Mailing Address 408 Blue Ridge Dr		M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013
City State Zip Code Moon Township PA 15108		<b>Transaction ID : C6171128</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Jason P Dickson</b>		Date of Receipt
Mailing Address 408 Blue Ridge Dr		M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013
City State Zip Code Moon Township PA 15108		<b>Transaction ID : C6171129</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Jason P Dickson</b>		Date of Receipt
Mailing Address 408 Blue Ridge Dr		M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013
City State Zip Code Moon Township PA 15108		<b>Transaction ID : C6171130</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Joseph Diecedue III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36146 Bluff Meadows Dr  
 City Prairieville State LA Zip Code 70769  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 800.00

Date of Receipt 09 / 05 / 2013  
 Transaction ID : C6039446  
 Amount of Each Receipt this Period 100.00

**B. Joseph Diecedue III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36146 Bluff Meadows Dr  
 City Prairieville State LA Zip Code 70769  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 800.00

Date of Receipt 09 / 05 / 2013  
 Transaction ID : C6039447  
 Amount of Each Receipt this Period 100.00

**C. Joseph Diecedue III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36146 Bluff Meadows Dr  
 City Prairieville State LA Zip Code 70769  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 800.00

Date of Receipt 09 / 05 / 2013  
 Transaction ID : C6039448  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... 300.00  
**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Joseph Diecedue III</b>		Date of Receipt
Mailing Address 36146 Bluff Meadows Dr		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Prairieville	LA	70769
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	
		Transaction ID : <b>C6172134</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>B. Joseph Diecedue III</b>		Date of Receipt
Mailing Address 36146 Bluff Meadows Dr		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Prairieville	LA	70769
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	
		Transaction ID : <b>C6172135</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>C. Cindy Diehm</b>		Date of Receipt
Mailing Address 2222 Bull Street Suite 200		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Local 4873	Exec. Board	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	
		Transaction ID : <b>C5948565</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Cindy Diehm**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull Street  
Suite 200

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee. **C**

Name of Employer Local 4873 Occupation Exec. Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
08 / 05 / 2013  
**Transaction ID : C5991756**

Amount of Each Receipt this Period  
100.00

**B. Cindy Diehm**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull Street  
Suite 200

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee. **C**

Name of Employer Local 4873 Occupation Exec. Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
09 / 04 / 2013  
**Transaction ID : C6053185**

Amount of Each Receipt this Period  
100.00

**C. Cindy Diehm**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull Street  
Suite 200

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee. **C**

Name of Employer Local 4873 Occupation Exec. Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
10 / 03 / 2013  
**Transaction ID : C6125294**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Cindy Diehm**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull Street  
Suite 200

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee. **C**

Name of Employer Local 4873 Occupation Exec. Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6182079**

Amount of Each Receipt this Period  
100.00

**B. Cindy Diehm**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull Street  
Suite 200

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee. **C**

Name of Employer Local 4873 Occupation Exec. Board

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
12 / 04 / 2013  
**Transaction ID : C6196969**

Amount of Each Receipt this Period  
100.00

**C. DESI DIMITROVA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2286 SLOAN DR

City LA VERNE State CA Zip Code 91750

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
610.00

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6041823**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. DESI DIMITROVA</b>		Date of Receipt
Mailing Address 2286 SLOAN DR		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
LA VERNE	CA	91750
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6041824</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="610.00"/>	

Full Name (Last, First, Middle Initial) <b>B. DESI DIMITROVA</b>		Date of Receipt
Mailing Address 2286 SLOAN DR		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
LA VERNE	CA	91750
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6041825</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="610.00"/>	

Full Name (Last, First, Middle Initial) <b>C. DESI DIMITROVA</b>		Date of Receipt
Mailing Address 2286 SLOAN DR		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
LA VERNE	CA	91750
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6173950</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="610.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="210.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. DESI DIMITROVA</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6173951</b>
Mailing Address 2286 SLOAN DR		Amount of Each Receipt this Period 100.00
City LA VERNE	State CA	Zip Code 91750
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Insurance	Occupation Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

Full Name (Last, First, Middle Initial) <b>B. DESI DIMITROVA</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6173952</b>
Mailing Address 2286 SLOAN DR		Amount of Each Receipt this Period 100.00
City LA VERNE	State CA	Zip Code 91750
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Insurance	Occupation Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM M DOBY</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013 <b>Transaction ID : C6043740</b>
Mailing Address 2148 PELHAM PKWY STE 200		Amount of Each Receipt this Period 100.00
City PELHAM	State AL	Zip Code 35124
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. WILLIAM M DOBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2148 PELHAM PKWY STE 200

City PELHAM	State AL	Zip Code 35124
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6175558**

Amount of Each Receipt this Period  
100.00

**B. WILLIAM M DOBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2148 PELHAM PKWY STE 200

City PELHAM	State AL	Zip Code 35124
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6175559**

Amount of Each Receipt this Period  
100.00

**C. Mary Dunn**  
Full Name (Last, First, Middle Initial)

Mailing Address 11300 Cinnamon Teal Dr

City Spotsylvania	State VA	Zip Code 22553
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer International Union UAW	Occupation staff
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2013

**Transaction ID : C5931428**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Mary Dunn</b>		Date of Receipt MM / DD / YYYY 07 / 23 / 2013 <b>Transaction ID : C5980043</b>
Mailing Address 11300 Cinnamon Teal Dr		Amount of Each Receipt this Period 20.00
City Spotsylvania	State VA	Zip Code 22553
FEC ID number of contributing federal political committee. C		
Name of Employer International Union UAW	Occupation staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Mary Dunn</b>		Date of Receipt MM / DD / YYYY 08 / 21 / 2013 <b>Transaction ID : C6025192</b>
Mailing Address 11300 Cinnamon Teal Dr		Amount of Each Receipt this Period 20.00
City Spotsylvania	State VA	Zip Code 22553
FEC ID number of contributing federal political committee. C		
Name of Employer International Union UAW	Occupation staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Mary Dunn</b>		Date of Receipt MM / DD / YYYY 10 / 03 / 2013 <b>Transaction ID : C6125212</b>
Mailing Address 11300 Cinnamon Teal Dr		Amount of Each Receipt this Period 30.00
City Spotsylvania	State VA	Zip Code 22553
FEC ID number of contributing federal political committee. C		
Name of Employer International Union UAW	Occupation staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Mary Dunn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11300 Cinnamon Teal Dr  
City Spotsylvania State VA Zip Code 22553  
FEC ID number of contributing federal political committee. **C**  
Name of Employer International Union UAW Occupation staff  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2013  
**Transaction ID : C6181871**  
Amount of Each Receipt this Period  
20.00

**B. Mary Dunn**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11300 Cinnamon Teal Dr  
City Spotsylvania State VA Zip Code 22553  
FEC ID number of contributing federal political committee. **C**  
Name of Employer International Union UAW Occupation staff  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 26 / 2013  
**Transaction ID : C6210563**  
Amount of Each Receipt this Period  
20.00

**C. FELICIA M ELIA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 117 WINDSWEPT DR  
City FEASTERVILLE TR State PA Zip Code 19053  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.30

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 05 / 2013  
**Transaction ID : C6043837**  
Amount of Each Receipt this Period  
80.10

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.10  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. FELICIA M ELIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 WINDSWEPT DR  
 City FEASTERVILLE TR State PA Zip Code 19053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6175671**  
 Amount of Each Receipt this Period  
 80.10

**B. FELICIA M ELIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 117 WINDSWEPT DR  
 City FEASTERVILLE TR State PA Zip Code 19053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6175672**  
 Amount of Each Receipt this Period  
 80.10

**C. Elizabeth S Farm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1033 Autumn Oaks Cir  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038581**  
 Amount of Each Receipt this Period  
 60.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Elizabeth S Farm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1033 Autumn Oaks Cir  
 City Collierville State TN Zip Code 38017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171306**  
 Amount of Each Receipt this Period  
 60.00

**B. Timothy Farr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43107 Ryegate St  
 City Canton State MI Zip Code 48187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038542**  
 Amount of Each Receipt this Period  
 180.00

**C. Timothy Farr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43107 Ryegate St  
 City Canton State MI Zip Code 48187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171267**  
 Amount of Each Receipt this Period  
 180.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	420.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Patrica Jean Foley</b>		Date of Receipt
Mailing Address 9411 Gold Hill		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Antonio	TX	78245
FEC ID number of contributing federal political committee.		Transaction ID : <b>C5948573</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Assistant Rep.	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Patrica Jean Foley</b>		Date of Receipt
Mailing Address 9411 Gold Hill		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Antonio	TX	78245
FEC ID number of contributing federal political committee.		Transaction ID : <b>C5991764</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Assistant Rep.	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Patrica Jean Foley</b>		Date of Receipt
Mailing Address 9411 Gold Hill		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Antonio	TX	78245
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6053193</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Assistant Rep.	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Patrica Jean Foley</b>		Date of Receipt
Mailing Address 9411 Gold Hill		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City San Antonio	State TX	Zip Code 78245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6125302</b>
Name of Employer OPEIU, Local #4873		Amount of Each Receipt this Period
Occupation Assistant Rep.		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Patrica Jean Foley</b>		Date of Receipt
Mailing Address 9411 Gold Hill		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City San Antonio	State TX	Zip Code 78245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6182080</b>
Name of Employer OPEIU, Local #4873		Amount of Each Receipt this Period
Occupation Assistant Rep.		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Patrica Jean Foley</b>		Date of Receipt
Mailing Address 9411 Gold Hill		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City San Antonio	State TX	Zip Code 78245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6196977</b>
Name of Employer OPEIU, Local #4873		Amount of Each Receipt this Period
Occupation Assistant Rep.		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Donald Foti</b>			Date of Receipt
Mailing Address 4071 Port Chicago Hwy St 200			<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6038749</b>
Concord	CA	94520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
American Income Life	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2400.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Donald Foti</b>			Date of Receipt
Mailing Address 4071 Port Chicago Hwy St 200			<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6038750</b>
Concord	CA	94520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
American Income Life	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2400.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Donald Foti</b>			Date of Receipt
Mailing Address 4071 Port Chicago Hwy St 200			<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6038751</b>
Concord	CA	94520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
American Income Life	Insurance Agent		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2400.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Donald Foti**  
Full Name (Last, First, Middle Initial)

Mailing Address 4071 Port Chicago Hwy St 200

City Concord	State CA	Zip Code 94520
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171467**

Amount of Each Receipt this Period  
200.00

**B. Donald Foti**  
Full Name (Last, First, Middle Initial)

Mailing Address 4071 Port Chicago Hwy St 200

City Concord	State CA	Zip Code 94520
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171468**

Amount of Each Receipt this Period  
200.00

**C. Donald Foti**  
Full Name (Last, First, Middle Initial)

Mailing Address 4071 Port Chicago Hwy St 200

City Concord	State CA	Zip Code 94520
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171472**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. CAMILLE J FRANCIS</b>		Date of Receipt
Mailing Address PO Box 208		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Waco	TX	76703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6042825</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
National Income Life	Insurance Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CAMILLE J FRANCIS</b>		Date of Receipt
Mailing Address PO Box 208		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Waco	TX	76703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6174509</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
National Income Life	Insurance Agent	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Susan Fuldauer</b>		Date of Receipt
Mailing Address 7229 Kingman Cir		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46256
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6038424</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life	Insurance Agent	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="475.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Susan Fuldauer</b>		Date of Receipt
Mailing Address 7229 Kingman Cir		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Indianapolis	IN	46256
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6171146</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CINDY FURER</b>		Date of Receipt
Mailing Address 15835 WINDROSE CT		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
SAN DIEGO	CA	92127
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6044005</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CINDY FURER</b>		Date of Receipt
Mailing Address 15835 WINDROSE CT		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
SAN DIEGO	CA	92127
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6044006</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. CINDY FURER</b>		Date of Receipt
Mailing Address 9220 FOSTORIA COURT		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
SAN DIEGO	CA	92127
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6040973</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1050.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CINDY FURER</b>		Date of Receipt
Mailing Address 15835 WINDROSE CT		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
SAN DIEGO	CA	92127
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6175849</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CINDY FURER</b>		Date of Receipt
Mailing Address 15835 WINDROSE CT		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
SAN DIEGO	CA	92127
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6175850</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 305  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. CINDY FURER**

Mailing Address 15835 WINDROSE CT

City SAN DIEGO	State CA	Zip Code 92127
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6175851**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**B. MARK S GAGLIARDI**

Mailing Address 1345 YOSEMITE CIR

City OAKLEY	State CA	Zip Code 94561
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6039951**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**C. MARK S GAGLIARDI**

Mailing Address 1345 YOSEMITE CIR

City OAKLEY	State CA	Zip Code 94561
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6039952**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	190.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. MARK S GAGLIARDI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1345 YOSEMITE CIR  
 City OAKLEY State CA Zip Code 94561  
 FEC ID number of contributing federal political committee. C  
 Name of Employer National Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6039953**  
 Amount of Each Receipt this Period 20.00

**B. MARK S GAGLIARDI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1345 YOSEMITE CIR  
 City OAKLEY State CA Zip Code 94561  
 FEC ID number of contributing federal political committee. C  
 Name of Employer National Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6172585**  
 Amount of Each Receipt this Period 20.00

**C. MARK S GAGLIARDI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1345 YOSEMITE CIR  
 City OAKLEY State CA Zip Code 94561  
 FEC ID number of contributing federal political committee. C  
 Name of Employer National Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6172586**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)  
**A. MARK S GAGLIARDI**

Mailing Address 1345 YOSEMITE CIR

City OAKLEY State CA Zip Code 94561

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
11 / 05 / 2013  
Transaction ID : C6172587

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**B. ERIC GIGLIONE**

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City EATONTOWN State NJ Zip Code 07724

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt  
09 / 05 / 2013  
Transaction ID : C6044088

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**C. ERIC GIGLIONE**

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City EATONTOWN State NJ Zip Code 07724

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt  
09 / 05 / 2013  
Transaction ID : C6044089

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 820.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. ERIC GIGLIONE**

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City EATONTOWN	State NJ	Zip Code 07724
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6044090**

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**B. ERIC GIGLIONE**

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City EATONTOWN	State NJ	Zip Code 07724
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6175960**

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**C. ERIC GIGLIONE**

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City EATONTOWN	State NJ	Zip Code 07724
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6175961**

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. ERIC GIGLIONE</b>		Date of Receipt
Mailing Address 151 INDUSTRIAL WAY EAST BLDG C		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
EATONTOWN	NJ	07724
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6175962</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life Ins.	Insurance Agent	<input type="text" value="400.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="4800.00"/>	

Full Name (Last, First, Middle Initial) <b>B. DENISE E GILBERT</b>		Date of Receipt
Mailing Address PO Box 208		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Waco	TX	76703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6040424</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life	Insurance Agent	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="550.00"/>	

Full Name (Last, First, Middle Initial) <b>C. DENISE E GILBERT</b>		Date of Receipt
Mailing Address PO Box 208		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Waco	TX	76703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6172966</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Income Life	Insurance Agent	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="550.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Marianne Giordano</b>		Date of Receipt
Mailing Address 5585 Brunswick Ave		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Diego	CA	92120
FEC ID number of contributing federal political committee.		<b>Transaction ID : C5948335</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="160.00"/>
Name of Employer	Occupation	
OPEIU Local 30	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Marianne Giordano</b>		Date of Receipt
Mailing Address 5585 Brunswick Ave		<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Diego	CA	92120
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6053033</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
OPEIU Local 30	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Marianne Giordano</b>		Date of Receipt
Mailing Address 5585 Brunswick Ave		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Diego	CA	92120
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6141729</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer	Occupation	
OPEIU Local 30	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="260.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Marianne Giordano</b>		Date of Receipt
Mailing Address 5585 Brunswick Ave		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City San Diego State CA Zip Code 92120		<b>Transaction ID : C6181958</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer OPEIU Local 30 Occupation President		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>B. Marianne Giordano</b>		Date of Receipt
Mailing Address 5585 Brunswick Ave		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City San Diego State CA Zip Code 92120		<b>Transaction ID : C6187713</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer OPEIU Local 30 Occupation President		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>C. Marianne Giordano</b>		Date of Receipt
Mailing Address 5585 Brunswick Ave		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City San Diego State CA Zip Code 92120		<b>Transaction ID : C6203386</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer OPEIU Local 30 Occupation President		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Joshua B Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14009 West 30Th Ln  
City Golden State CO Zip Code 80401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6039382**  
Amount of Each Receipt this Period  
20.00

**B. Joshua B Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14009 West 30Th Ln  
City Golden State CO Zip Code 80401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6039383**  
Amount of Each Receipt this Period  
20.00

**C. Joshua B Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14009 West 30Th Ln  
City Golden State CO Zip Code 80401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6039384**  
Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Joshua B Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14009 West 30Th Ln  
City Golden State CO Zip Code 80401  
FEC ID number of contributing federal political committee. C  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 240.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6172073  
Amount of Each Receipt this Period 20.00

**B. Joshua B Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14009 West 30Th Ln  
City Golden State CO Zip Code 80401  
FEC ID number of contributing federal political committee. C  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 240.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6172074  
Amount of Each Receipt this Period 20.00

**C. Joshua B Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14009 West 30Th Ln  
City Golden State CO Zip Code 80401  
FEC ID number of contributing federal political committee. C  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 240.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6172075  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... 60.00  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Carl Michael Goodwin</b>		Date of Receipt MM / DD / YYYY 07 / 16 / 2013 <b>Transaction ID : C5978032</b>
Mailing Address 54 E Pierrepont Ave		Amount of Each Receipt this Period 28.58
City Rutherford	State NJ	Zip Code 07070-2331
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU	Occupation PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 614.35	

Full Name (Last, First, Middle Initial) <b>B. Carl Michael Goodwin</b>		Date of Receipt MM / DD / YYYY 08 / 12 / 2013 <b>Transaction ID : C6003744</b>
Mailing Address 54 E Pierrepont Ave		Amount of Each Receipt this Period 28.58
City Rutherford	State NJ	Zip Code 07070-2331
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU	Occupation PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 614.35	

Full Name (Last, First, Middle Initial) <b>C. Carl Michael Goodwin</b>		Date of Receipt MM / DD / YYYY 09 / 20 / 2013 <b>Transaction ID : C6056276</b>
Mailing Address 54 E Pierrepont Ave		Amount of Each Receipt this Period 28.58
City Rutherford	State NJ	Zip Code 07070-2331
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU	Occupation PRESIDENT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 614.35	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.74
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 305  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Carl Michael Goodwin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 54 E Pierrepont Ave  
City Rutherford State NJ Zip Code 07070-2331  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Occupation PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 614.35

Date of Receipt 10 / 16 / 2013  
**Transaction ID : C6147565**  
Amount of Each Receipt this Period 28.58

**B. Carl Michael Goodwin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 54 E Pierrepont Ave  
City Rutherford State NJ Zip Code 07070-2331  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Occupation PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 614.35

Date of Receipt 11 / 26 / 2013  
**Transaction ID : C6187829**  
Amount of Each Receipt this Period 42.87

**C. Carl Michael Goodwin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 54 E Pierrepont Ave  
City Rutherford State NJ Zip Code 07070-2331  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Occupation PRESIDENT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 614.35

Date of Receipt 12 / 16 / 2013  
**Transaction ID : C6203519**  
Amount of Each Receipt this Period 28.58

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.03  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. ERIK J GRAHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 18215 SCHOENBORN ST

City NORTHRIDGE State CA Zip Code 91325

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6040457**

Amount of Each Receipt this Period  
 25.00

**B. ERIK J GRAHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 18215 SCHOENBORN ST

City NORTHRIDGE State CA Zip Code 91325

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6040458**

Amount of Each Receipt this Period  
 25.00

**C. ERIK J GRAHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 18215 SCHOENBORN ST

City NORTHRIDGE State CA Zip Code 91325

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6040459**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. ERIK J GRAHAM**

Mailing Address 18215 SCHOENBORN ST

City NORTHRIDGE State CA Zip Code 91325

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**11 / 05 / 2013**

**Transaction ID : C6172988**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**B. ERIK J GRAHAM**

Mailing Address 18215 SCHOENBORN ST

City NORTHRIDGE State CA Zip Code 91325

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**11 / 05 / 2013**

**Transaction ID : C6172989**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. ERIK J GRAHAM**

Mailing Address 18215 SCHOENBORN ST

City NORTHRIDGE State CA Zip Code 91325

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**11 / 05 / 2013**

**Transaction ID : C6172990**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **75.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)  
**A. Arthur J Greene**

Mailing Address 277 Oak Ridge Dr

City Pontiac State MI Zip Code 48341

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039839**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Arthur J Greene**

Mailing Address 277 Oak Ridge Dr

City Pontiac State MI Zip Code 48341

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039840**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Arthur J Greene**

Mailing Address 277 Oak Ridge Dr

City Pontiac State MI Zip Code 48341

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039841**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Arthur J Greene</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6172493</b>
Mailing Address 277 Oak Ridge Dr		Amount of Each Receipt this Period 100.00
City Pontiac	State MI	Zip Code 48341
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Arthur J Greene</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6172494</b>
Mailing Address 277 Oak Ridge Dr		Amount of Each Receipt this Period 100.00
City Pontiac	State MI	Zip Code 48341
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Arthur J Greene</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6172495</b>
Mailing Address 277 Oak Ridge Dr		Amount of Each Receipt this Period 100.00
City Pontiac	State MI	Zip Code 48341
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 105 OF 305  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Steven K Greer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 43 Nocturne Woods PI  
City The Woodlands State TX Zip Code 77382  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6038653**  
Amount of Each Receipt this Period 300.00

**B. Steven K Greer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 43 Nocturne Woods PI  
City The Woodlands State TX Zip Code 77382  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6038654**  
Amount of Each Receipt this Period 300.00

**C. Steven K Greer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 43 Nocturne Woods PI  
City The Woodlands State TX Zip Code 77382  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6038655**  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Steven K Greer</b>		Date of Receipt 11 / 05 / 2013 <b>Transaction ID : C6171378</b>
Mailing Address 43 Nocturne Woods Pl		Amount of Each Receipt this Period 300.00
City The Woodlands	State TX	
Zip Code 77382		Aggregate Year-to-Date ▼ 3600.00
FEC ID number of contributing federal political committee. C		
Name of Employer AMERICAN INCOME LIFE INSURANCE	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Steven K Greer</b>		Date of Receipt 11 / 05 / 2013 <b>Transaction ID : C6171379</b>
Mailing Address 43 Nocturne Woods Pl		Amount of Each Receipt this Period 300.00
City The Woodlands	State TX	
Zip Code 77382		Aggregate Year-to-Date ▼ 3600.00
FEC ID number of contributing federal political committee. C		
Name of Employer AMERICAN INCOME LIFE INSURANCE	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Steven K Greer</b>		Date of Receipt 11 / 05 / 2013 <b>Transaction ID : C6171380</b>
Mailing Address 43 Nocturne Woods Pl		Amount of Each Receipt this Period 300.00
City The Woodlands	State TX	
Zip Code 77382		Aggregate Year-to-Date ▼ 3600.00
FEC ID number of contributing federal political committee. C		
Name of Employer AMERICAN INCOME LIFE INSURANCE	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Kelly Gschwend</b>		Date of Receipt MM / DD / YYYY 07 / 11 / 2013 <b>Transaction ID : C5948255</b>
Mailing Address 621 Sequoia St		Amount of Each Receipt this Period 40.00
City Brentwood	State CA	Zip Code 94513
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 29	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Kelly Gschwend</b>		Date of Receipt MM / DD / YYYY 08 / 07 / 2013 <b>Transaction ID : C6005075</b>
Mailing Address 621 Sequoia St		Amount of Each Receipt this Period 40.00
City Brentwood	State CA	Zip Code 94513
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 29	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. Kelly Gschwend</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2013 <b>Transaction ID : C6053281</b>
Mailing Address 621 Sequoia St		Amount of Each Receipt this Period 50.00
City Brentwood	State CA	Zip Code 94513
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 29	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Kelly Gschwend</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2013 <b>Transaction ID : C6141828</b>
Mailing Address 621 Sequoia St			Amount of Each Receipt this Period 40.00
City Brentwood	State CA	Zip Code 94513	
FEC ID number of contributing federal political committee. C			
Name of Employer LOCAL 29	Occupation ORGANIZER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) <b>B. Kelly Gschwend</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6182069</b>
Mailing Address 621 Sequoia St			Amount of Each Receipt this Period 50.00
City Brentwood	State CA	Zip Code 94513	
FEC ID number of contributing federal political committee. C			
Name of Employer LOCAL 29	Occupation ORGANIZER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) <b>C. Kelly Gschwend</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2013 <b>Transaction ID : C6202908</b>
Mailing Address 621 Sequoia St			Amount of Each Receipt this Period 40.00
City Brentwood	State CA	Zip Code 94513	
FEC ID number of contributing federal political committee. C			
Name of Employer LOCAL 29	Occupation ORGANIZER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. FREDERICK HADAYIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 702 LISBURN RD

City CAMP HILL State PA Zip Code 17011

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6044217**

Amount of Each Receipt this Period  
 300.00

**B. FREDERICK HADAYIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 702 LISBURN RD

City CAMP HILL State PA Zip Code 17011

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6044218**

Amount of Each Receipt this Period  
 300.00

**C. FREDERICK HADAYIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 702 LISBURN RD

City CAMP HILL State PA Zip Code 17011

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6044219**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 305  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. FREDERICK HADAYIA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 702 LISBURN RD  
City CAMP HILL State PA Zip Code 17011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 05 / 2013  
**Transaction ID : C6176109**  
Amount of Each Receipt this Period  
300.00

**B. FREDERICK HADAYIA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 702 LISBURN RD  
City CAMP HILL State PA Zip Code 17011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 05 / 2013  
**Transaction ID : C6176110**  
Amount of Each Receipt this Period  
300.00

**C. FREDERICK HADAYIA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 702 LISBURN RD  
City CAMP HILL State PA Zip Code 17011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 05 / 2013  
**Transaction ID : C6176111**  
Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Mark Hancock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12546 Walnut Ridge Pl  
City Fishers State IN Zip Code 46038  
FEC ID number of contributing federal political committee. C  
Name of Employer AMERICAN INCOME LIFE INS. CO. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 3600.00

Date of Receipt 09 / 05 / 2013  
Transaction ID : C6038384  
Amount of Each Receipt this Period 300.00

**B. Mark Hancock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12546 Walnut Ridge Pl  
City Fishers State IN Zip Code 46038  
FEC ID number of contributing federal political committee. C  
Name of Employer AMERICAN INCOME LIFE INS. CO. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 3600.00

Date of Receipt 09 / 05 / 2013  
Transaction ID : C6038385  
Amount of Each Receipt this Period 300.00

**C. Mark Hancock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12546 Walnut Ridge Pl  
City Fishers State IN Zip Code 46038  
FEC ID number of contributing federal political committee. C  
Name of Employer AMERICAN INCOME LIFE INS. CO. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 3600.00

Date of Receipt 09 / 05 / 2013  
Transaction ID : C6038386  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional)..... 900.00  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Mark Hancock</b>		Date of Receipt
Mailing Address 12546 Walnut Ridge Pl		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Fishers	State IN	Zip Code 46038
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6171108</b>
Name of Employer AMERICAN INCOME LIFE INS. CO.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="3600.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Mark Hancock</b>		Date of Receipt
Mailing Address 12546 Walnut Ridge Pl		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Fishers	State IN	Zip Code 46038
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6171109</b>
Name of Employer AMERICAN INCOME LIFE INS. CO.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="3600.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Mark Hancock</b>		Date of Receipt
Mailing Address 12546 Walnut Ridge Pl		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Fishers	State IN	Zip Code 46038
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6171110</b>
Name of Employer AMERICAN INCOME LIFE INS. CO.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="3600.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. JEREMY P HARBIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 603 BUOY CT

City CHATHAM State IL Zip Code 62629

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6040221**

Amount of Each Receipt this Period

**B. David Hausman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 208

City Waco State TX Zip Code 76702

FEC ID number of contributing federal political committee.

Name of Employer National Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6044294**

Amount of Each Receipt this Period

**c. David Hausman**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 208

City Ponca City State OK Zip Code 74602

FEC ID number of contributing federal political committee.

Name of Employer National Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6179950**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Rob Hay</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6039599</b>
Mailing Address 5515 5540 Falmouth St		Amount of Each Receipt this Period 250.00
City Richmond	State VA	Zip Code 23230
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Rob Hay</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6039600</b>
Mailing Address 5515 5540 Falmouth St		Amount of Each Receipt this Period 250.00
City Richmond	State VA	Zip Code 23230
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Rob Hay</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6039601</b>
Mailing Address 5515 5540 Falmouth St		Amount of Each Receipt this Period 250.00
City Richmond	State VA	Zip Code 23230
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life Ins.	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Rob Hay</b>		Date of Receipt
Mailing Address 5515 5540 Falmouth St		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Richmond	VA	23230
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6172273</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Rob Hay</b>		Date of Receipt
Mailing Address 5515 5540 Falmouth St		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Richmond	VA	23230
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6172274</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Rob Hay</b>		Date of Receipt
Mailing Address 5515 5540 Falmouth St		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Richmond	VA	23230
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6172275</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Billie Faye Headrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3935 Hamill Rd  
 City Hixson State TN Zip Code 37343-3516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Occupation Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2013  
**Transaction ID : C5978048**  
 Amount of Each Receipt this Period  
 40.00

**B. Billie Faye Headrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3935 Hamill Rd  
 City Hixson State TN Zip Code 37343-3516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Occupation Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2013  
**Transaction ID : C6003758**  
 Amount of Each Receipt this Period  
 40.00

**C. Billie Faye Headrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3935 Hamill Rd  
 City Hixson State TN Zip Code 37343-3516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Occupation Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2013  
**Transaction ID : C6056290**  
 Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Billie Faye Headrick</b>		Date of Receipt
Mailing Address 3935 Hamill Rd		M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2013
City Hixson	State TN	Zip Code 37343-3516
FEC ID number of contributing federal political committee. C		<b>Transaction ID : C6147579</b>
Name of Employer OPEIU		Amount of Each Receipt this Period
Occupation Representative		40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Billie Faye Headrick</b>		Date of Receipt
Mailing Address 3935 Hamill Rd		M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2013
City Hixson	State TN	Zip Code 37343-3516
FEC ID number of contributing federal political committee. C		<b>Transaction ID : C6187857</b>
Name of Employer OPEIU		Amount of Each Receipt this Period
Occupation Representative		60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. Billie Faye Headrick</b>		Date of Receipt
Mailing Address 3935 Hamill Rd		M M M / D D D / Y Y Y Y Y Y 12 / 16 / 2013
City Hixson	State TN	Zip Code 37343-3516
FEC ID number of contributing federal political committee. C		<b>Transaction ID : C6203531</b>
Name of Employer OPEIU		Amount of Each Receipt this Period
Occupation Representative		40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Matt M Henderson</b>		Date of Receipt
Mailing Address 1235 Snug Harbor Dr		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Casselberry	State FL	Zip Code 32707
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6039473</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="3000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Matt M Henderson</b>		Date of Receipt
Mailing Address 1235 Snug Harbor Dr		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Casselberry	State FL	Zip Code 32707
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6039474</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="3000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Matt M Henderson</b>		Date of Receipt
Mailing Address 1235 Snug Harbor Dr		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Casselberry	State FL	Zip Code 32707
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6039475</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="3000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Matt M Henderson</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6172158</b>		
Mailing Address 1235 Snug Harbor Dr			Amount of Each Receipt this Period 250.00		
City Casselberry	State FL	Zip Code 32707			
FEC ID number of contributing federal political committee. C					
Name of Employer American Income Life Ins.		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00			

Full Name (Last, First, Middle Initial) <b>B. Matt M Henderson</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6172159</b>		
Mailing Address 1235 Snug Harbor Dr			Amount of Each Receipt this Period 250.00		
City Casselberry	State FL	Zip Code 32707			
FEC ID number of contributing federal political committee. C					
Name of Employer American Income Life Ins.		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00			

Full Name (Last, First, Middle Initial) <b>C. Matt M Henderson</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6172160</b>		
Mailing Address 1235 Snug Harbor Dr			Amount of Each Receipt this Period 250.00		
City Casselberry	State FL	Zip Code 32707			
FEC ID number of contributing federal political committee. C					
Name of Employer American Income Life Ins.		Occupation Insurance Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 305  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. CHRISTOPHER HERNANDEZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1918 E LAFAYETTE PL #608

City MILWAUKEE	State WI	Zip Code 53202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6040417**

Amount of Each Receipt this Period  
100.00

**B. CHRISTOPHER HERNANDEZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1918 E LAFAYETTE PL #608

City MILWAUKEE	State WI	Zip Code 53202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6040418**

Amount of Each Receipt this Period  
100.00

**C. CHRISTOPHER HERNANDEZ**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1918 E LAFAYETTE PL #608

City MILWAUKEE	State WI	Zip Code 53202
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6040419**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER HERNANDEZ</b>		Date of Receipt
Mailing Address 1918 E LAFAYETTE PL #608		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
MILWAUKEE	WI	53202
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6172960</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
National Income Life Insurance	Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER HERNANDEZ</b>		Date of Receipt
Mailing Address 1918 E LAFAYETTE PL #608		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
MILWAUKEE	WI	53202
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6172961</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
National Income Life Insurance	Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER HERNANDEZ</b>		Date of Receipt
Mailing Address 1918 E LAFAYETTE PL #608		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
MILWAUKEE	WI	53202
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6172965</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
National Income Life Insurance	Agent	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Charles H Hill**  
Full Name (Last, First, Middle Initial)

Mailing Address 1025 Miwok Dr

City Lodi State CA Zip Code 95240

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6038387**

Amount of Each Receipt this Period  
**30.00**

**B. Charles H Hill**  
Full Name (Last, First, Middle Initial)

Mailing Address 1025 Miwok Dr

City Lodi State CA Zip Code 95240

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6038388**

Amount of Each Receipt this Period  
**20.00**

**C. Charles H Hill**  
Full Name (Last, First, Middle Initial)

Mailing Address 1025 Miwok Dr

City Lodi State CA Zip Code 95240

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6038389**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **70.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Charles H Hill</b>			Date of Receipt
Mailing Address 1025 Miwok Dr			<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6038390</b>
Lodi	CA	95240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="20.00"/>
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Charles H Hill</b>			Date of Receipt
Mailing Address 1025 Miwok Dr			<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6171111</b>
Lodi	CA	95240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="20.00"/>
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Charles H Hill</b>			Date of Receipt
Mailing Address 1025 Miwok Dr			<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6171112</b>
Lodi	CA	95240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="20.00"/>
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="350.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Charles H Hill**

Mailing Address 1025 Miwok Dr

City State Zip Code  
Lodi CA 95240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6171113**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**B. Charles H Hill**

Mailing Address 1025 Miwok Dr

City State Zip Code  
Lodi CA 95240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6171117**

Amount of Each Receipt this Period  
30.00

Full Name (Last, First, Middle Initial)  
**c. Matthew P Hogan**

Mailing Address 1701B Ellington Rd

City State Zip Code  
Conyers GA 30013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Ins. Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6039449**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Matthew P Hogan</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2013 <b>Transaction ID : C6039450</b>
Mailing Address 1701B Ellington Rd			Amount of Each Receipt this Period 100.00
City Conyers	State GA	Zip Code 30013	
FEC ID number of contributing federal political committee. C		Occupation Insurance Agent	
Name of Employer American Income Life Ins.		Aggregate Year-to-Date ▼ 1100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Matthew P Hogan</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2013 <b>Transaction ID : C6039451</b>
Mailing Address 1701B Ellington Rd			Amount of Each Receipt this Period 100.00
City Conyers	State GA	Zip Code 30013	
FEC ID number of contributing federal political committee. C		Occupation Insurance Agent	
Name of Employer American Income Life Ins.		Aggregate Year-to-Date ▼ 1100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Matthew P Hogan</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6172136</b>
Mailing Address 1701B Ellington Rd			Amount of Each Receipt this Period 100.00
City Conyers	State GA	Zip Code 30013	
FEC ID number of contributing federal political committee. C		Occupation Insurance Agent	
Name of Employer American Income Life Ins.		Aggregate Year-to-Date ▼ 1100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)  
**A. Matthew P Hogan**

Mailing Address 1701B Ellington Rd

City Conyers State GA Zip Code 30013

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172137**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. NECTARINA HOROS**

Mailing Address PO Box 208

City Waco State TX Zip Code 76703

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040854**

Amount of Each Receipt this Period  
75.00

Full Name (Last, First, Middle Initial)  
**C. NECTARINA HOROS**

Mailing Address PO Box 208

City Waco State TX Zip Code 76703

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173305**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Lynnette T Howard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3229 E Foothill Blvd

City Pasadena	State CA	Zip Code 91107
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, Local #537	Occupation member
---------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2013

**Transaction ID : C5931482**

Amount of Each Receipt this Period  
20.00

**B. Lynnette T Howard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3229 E Foothill Blvd

City Pasadena	State CA	Zip Code 91107
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, Local #537	Occupation member
---------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2013

**Transaction ID : C5991736**

Amount of Each Receipt this Period  
20.00

**C. Lynnette T Howard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3229 E Foothill Blvd

City Pasadena	State CA	Zip Code 91107
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, Local #537	Occupation member
---------------------------------------	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2013

**Transaction ID : C6053179**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Lynnette T Howard</b>		Date of Receipt
Mailing Address 3229 E Foothill Blvd		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pasadena	CA	91107
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6120425</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
OPEIU, Local #537	member	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lynnette T Howard</b>		Date of Receipt
Mailing Address 3229 E Foothill Blvd		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pasadena	CA	91107
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6181886</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
OPEIU, Local #537	member	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lynnette T Howard</b>		Date of Receipt
Mailing Address 3229 E Foothill Blvd		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pasadena	CA	91107
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6196963</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
OPEIU, Local #537	member	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="65.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 129 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. MARCUS HOWARD**

Mailing Address 526 S D ST

City State Zip Code  
 HAMILTON OH 45013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 National Income Life Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6040025**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. MARCUS HOWARD**

Mailing Address 526 S D ST

City State Zip Code  
 HAMILTON OH 45013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 National Income Life Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6040026**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. MARCUS HOWARD**

Mailing Address 526 S D ST

City State Zip Code  
 HAMILTON OH 45013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 National Income Life Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6040027**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 130 OF 305  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. MARCUS HOWARD**

Mailing Address 526 S D ST

City HAMILTON State OH Zip Code 45013

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6172650**

Amount of Each Receipt this Period  
**30.00**

Full Name (Last, First, Middle Initial)  
**B. MARCUS HOWARD**

Mailing Address 526 S D ST

City HAMILTON State OH Zip Code 45013

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6172651**

Amount of Each Receipt this Period  
**30.00**

Full Name (Last, First, Middle Initial)  
**C. MARCUS HOWARD**

Mailing Address 526 S D ST

City HAMILTON State OH Zip Code 45013

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6172652**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **90.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 131 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. DAVID T IRIYE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2813 NE 4TH CT.  
 City RENTON State WA Zip Code 98056  
 FEC ID number of contributing federal political committee. C  
 Name of Employer National Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040080**  
 Amount of Each Receipt this Period  
 25.00

**B. DAVID T IRIYE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2813 NE 4TH CT.  
 City RENTON State WA Zip Code 98056  
 FEC ID number of contributing federal political committee. C  
 Name of Employer National Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040081**  
 Amount of Each Receipt this Period  
 25.00

**C. DAVID T IRIYE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2813 NE 4TH CT.  
 City RENTON State WA Zip Code 98056  
 FEC ID number of contributing federal political committee. C  
 Name of Employer National Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040082**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. DAVID T IRIYE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2813 NE 4TH CT.  
City RENTON State WA Zip Code 98056  
FEC ID number of contributing federal political committee. C  
Name of Employer National Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6172688  
Amount of Each Receipt this Period 25.00

**B. DAVID T IRIYE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2813 NE 4TH CT.  
City RENTON State WA Zip Code 98056  
FEC ID number of contributing federal political committee. C  
Name of Employer National Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6172689  
Amount of Each Receipt this Period 25.00

**C. DAVID T IRIYE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2813 NE 4TH CT.  
City RENTON State WA Zip Code 98056  
FEC ID number of contributing federal political committee. C  
Name of Employer National Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6172690  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. John W Jatoft</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6038398</b>
Mailing Address 4071 Port Chicago Hwy Suite 200		Amount of Each Receipt this Period 40.00
City Concord	State CA	Zip Code 94520
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2104.03	

Full Name (Last, First, Middle Initial) <b>B. John W Jatoft</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6038402</b>
Mailing Address 4071 Port Chicago Hwy Suite 200		Amount of Each Receipt this Period 200.00
City Concord	State CA	Zip Code 94520
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2104.03	

Full Name (Last, First, Middle Initial) <b>C. John W Jatoft</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6038403</b>
Mailing Address 4071 Port Chicago Hwy Suite 200		Amount of Each Receipt this Period 64.03
City Concord	State CA	Zip Code 94520
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2104.03	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	304.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. John W Jatoft</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6171122</b>
Mailing Address 4071 Port Chicago Hwy Suite 200		Amount of Each Receipt this Period 200.00
City Concord	State CA	
Zip Code 94520		Aggregate Year-to-Date ▼ 2104.03
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 2104.03		

Full Name (Last, First, Middle Initial) <b>B. John W Jatoft</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6171123</b>
Mailing Address 4071 Port Chicago Hwy Suite 200		Amount of Each Receipt this Period 200.00
City Concord	State CA	
Zip Code 94520		Aggregate Year-to-Date ▼ 2104.03
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 2104.03		

Full Name (Last, First, Middle Initial) <b>C. John W Jatoft</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6171124</b>
Mailing Address 4071 Port Chicago Hwy Suite 200		Amount of Each Receipt this Period 200.00
City Concord	State CA	
Zip Code 94520		Aggregate Year-to-Date ▼ 2104.03
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 2104.03		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. HORACE W JOHNSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 103 STONEWALL CT  
City SUMMERVILLE State SC Zip Code 29483  
FEC ID number of contributing federal political committee. C  
Name of Employer National Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2013  
Transaction ID : C6040391  
Amount of Each Receipt this Period  
100.00

**B. HORACE W JOHNSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 103 STONEWALL CT  
City SUMMERVILLE State SC Zip Code 29483  
FEC ID number of contributing federal political committee. C  
Name of Employer National Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2013  
Transaction ID : C6040392  
Amount of Each Receipt this Period  
100.00

**C. HORACE W JOHNSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 103 STONEWALL CT  
City SUMMERVILLE State SC Zip Code 29483  
FEC ID number of contributing federal political committee. C  
Name of Employer National Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2013  
Transaction ID : C6040393  
Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. HORACE W JOHNSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 103 STONEWALL CT  
City SUMMERVILLE State SC Zip Code 29483  
FEC ID number of contributing federal political committee. C  
Name of Employer National Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 05 / 2013  
Transaction ID : C6172940  
Amount of Each Receipt this Period  
100.00

**B. HORACE W JOHNSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 103 STONEWALL CT  
City SUMMERVILLE State SC Zip Code 29483  
FEC ID number of contributing federal political committee. C  
Name of Employer National Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 05 / 2013  
Transaction ID : C6172941  
Amount of Each Receipt this Period  
100.00

**C. HORACE W JOHNSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 103 STONEWALL CT  
City SUMMERVILLE State SC Zip Code 29483  
FEC ID number of contributing federal political committee. C  
Name of Employer National Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 05 / 2013  
Transaction ID : C6172942  
Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Theatla Jones**

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, Local #4873 Occupation Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 03 / 2013**

**Transaction ID : C5948574**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Theatla Jones**

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, Local #4873 Occupation Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 05 / 2013**

**Transaction ID : C5991765**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Theatla Jones**

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, Local #4873 Occupation Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 04 / 2013**

**Transaction ID : C6053194**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Theatla Jones</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6125303</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Representative	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Theatla Jones</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6182081</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Representative	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Theatla Jones</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6196978</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Representative	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. CHRISTOPHER J JORDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 62627 BLACK RIVER RUN ST

City SOUTH HAVEN State MI Zip Code 49090

FEC ID number of contributing federal political committee. C

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6041298**

Amount of Each Receipt this Period  
 100.00

**B. CHRISTOPHER J JORDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 62627 BLACK RIVER RUN ST

City SOUTH HAVEN State MI Zip Code 49090

FEC ID number of contributing federal political committee. C

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6041299**

Amount of Each Receipt this Period  
 100.00

**C. CHRISTOPHER J JORDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 62627 BLACK RIVER RUN ST

City SOUTH HAVEN State MI Zip Code 49090

FEC ID number of contributing federal political committee. C

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013

**Transaction ID : C6041300**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER J JORDAN</b>		Date of Receipt
Mailing Address 62627 BLACK RIVER RUN ST		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
SOUTH HAVEN	MI	49090
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6173611</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER J JORDAN</b>		Date of Receipt
Mailing Address 62627 BLACK RIVER RUN ST		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
SOUTH HAVEN	MI	49090
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6173612</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER J JORDAN</b>		Date of Receipt
Mailing Address 62627 BLACK RIVER RUN ST		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
SOUTH HAVEN	MI	49090
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6173613</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Stephen Jubrey II</b>		Date of Receipt
Mailing Address 26 Knights Bridge Apt F		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Guilderland	State NY	Zip Code 12084
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6038645</b>
Name of Employer NATIONAL INCOME LIFE		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="60.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Stephen Jubrey II</b>		Date of Receipt
Mailing Address 26 Knights Bridge Apt F		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Guilderland	State NY	Zip Code 12084
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6171370</b>
Name of Employer NATIONAL INCOME LIFE		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="60.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>C. CHRISTINE JUDGE</b>		Date of Receipt
Mailing Address 509 OAK PARK CIR		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City PEARL	State MS	Zip Code 39208
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6042400</b>
Name of Employer American Income Life Insurance		Amount of Each Receipt this Period
Occupation Agent		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="700.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="220.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. CHRISTINE JUDGE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 509 OAK PARK CIR

City PEARL	State MS	Zip Code 39208
---------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6042401**

Amount of Each Receipt this Period

**B. CHRISTINE JUDGE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 509 OAK PARK CIR

City PEARL	State MS	Zip Code 39208
---------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6042402**

Amount of Each Receipt this Period

**C. CHRISTINE JUDGE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 509 OAK PARK CIR

City PEARL	State MS	Zip Code 39208
---------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6174285**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 143 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. CHRISTINE JUDGE</b>		Date of Receipt
Mailing Address 509 OAK PARK CIR		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City State Zip Code PEARL MS 39208		<b>Transaction ID : C6174286</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer American Income Life Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="700.00"/>	

Full Name (Last, First, Middle Initial) <b>B. CHRISTINE JUDGE</b>		Date of Receipt
Mailing Address 509 OAK PARK CIR		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City State Zip Code PEARL MS 39208		<b>Transaction ID : C6174287</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer American Income Life Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="700.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Sidney Kalban</b>		Date of Receipt
Mailing Address 2222 Bull St Suite 200		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City State Zip Code Savannah GA 31401		<b>Transaction ID : C5948569</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer OPEIU, Local #4873	Occupation member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Sidney Kalban</b>	Date of Receipt M M / D D / Y Y Y Y Y 08 / 05 / 2013 <b>Transaction ID : C5991760</b>
Mailing Address 2222 Bull St Suite 200 City Savannah State GA Zip Code 31401	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 600.00
Name of Employer OPEIU, Local #4873 Occupation member Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Sidney Kalban</b>	Date of Receipt M M / D D / Y Y Y Y Y 09 / 04 / 2013 <b>Transaction ID : C6053189</b>
Mailing Address 2222 Bull St Suite 200 City Savannah State GA Zip Code 31401	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 600.00
Name of Employer OPEIU, Local #4873 Occupation member Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sidney Kalban</b>	Date of Receipt M M / D D / Y Y Y Y Y 10 / 03 / 2013 <b>Transaction ID : C6125298</b>
Mailing Address 2222 Bull St Suite 200 City Savannah State GA Zip Code 31401	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 600.00
Name of Employer OPEIU, Local #4873 Occupation member Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	150.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	50.00



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Sidney Kalban</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6182082</b>
Mailing Address 2222 Bull St Suite 200		Amount of Each Receipt this Period 50.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU, Local #4873	Occupation member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Sidney Kalban</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 04 / 2013 <b>Transaction ID : C6196973</b>
Mailing Address 2222 Bull St Suite 200		Amount of Each Receipt this Period 50.00
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU, Local #4873	Occupation member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Theresa L. Kandt</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 11 / 2013 <b>Transaction ID : C5948246</b>
Mailing Address 66755 Powell Rd		Amount of Each Receipt this Period 50.00
City Washington	State MI	Zip Code 48095
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 42	Occupation Sec-Treas./Bus. Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Theresa L. Kandt</b>			Date of Receipt 08 / 12 / 2013 <b>Transaction ID : C6003376</b>		
Mailing Address 66755 Powell Rd			Amount of Each Receipt this Period 50.00		
City Washington	State MI	Zip Code 48095			
FEC ID number of contributing federal political committee. C					
Name of Employer LOCAL 42		Occupation Sec-Treas./Bus. Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1280.00			

Full Name (Last, First, Middle Initial) <b>B. Theresa L. Kandt</b>			Date of Receipt 09 / 10 / 2013 <b>Transaction ID : C6050577</b>		
Mailing Address 66755 Powell Rd			Amount of Each Receipt this Period 50.00		
City Washington	State MI	Zip Code 48095			
FEC ID number of contributing federal political committee. C					
Name of Employer LOCAL 42		Occupation Sec-Treas./Bus. Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1280.00			

Full Name (Last, First, Middle Initial) <b>C. Theresa L. Kandt</b>			Date of Receipt 10 / 08 / 2013 <b>Transaction ID : C6123507</b>		
Mailing Address 66755 Powell Rd			Amount of Each Receipt this Period 50.00		
City Washington	State MI	Zip Code 48095			
FEC ID number of contributing federal political committee. C					
Name of Employer LOCAL 42		Occupation Sec-Treas./Bus. Agent			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1280.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Theresa L. Kandt**

Mailing Address 66755 Powell Rd

City Washington State MI Zip Code 48095

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCAL 42 Occupation Sec-Treas./Bus. Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1280.00**

Date of Receipt  
**11 / 14 / 2013**  
**Transaction ID : C6181112**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Theresa L. Kandt**

Mailing Address 66755 Powell Rd

City Washington State MI Zip Code 48095

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCAL 42 Occupation Sec-Treas./Bus. Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1280.00**

Date of Receipt  
**12 / 09 / 2013**  
**Transaction ID : C6196955**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Terry Keller**

Mailing Address 1137 Wlper St Apt 26

City Hayward State CA Zip Code 94541-6768

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCAL 29 Occupation Business Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
**07 / 11 / 2013**  
**Transaction ID : C5948253**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **140.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Terry Keller</b>		Date of Receipt MM / DD / YYYY 08 / 07 / 2013 <b>Transaction ID : C6005073</b>
Mailing Address 1137 Wlper St Apt 26		Amount of Each Receipt this Period 40.00
City Hayward	State CA	
Zip Code 94541-6768		Aggregate Year-to-Date ▼ 520.00
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 29	Occupation Business Rep	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Terry Keller</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2013 <b>Transaction ID : C6053277</b>
Mailing Address 1137 Wlper St Apt 26		Amount of Each Receipt this Period 50.00
City Hayward	State CA	
Zip Code 94541-6768		Aggregate Year-to-Date ▼ 520.00
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 29	Occupation Business Rep	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Terry Keller</b>		Date of Receipt MM / DD / YYYY 10 / 10 / 2013 <b>Transaction ID : C6141825</b>
Mailing Address 1137 Wlper St Apt 26		Amount of Each Receipt this Period 40.00
City Hayward	State CA	
Zip Code 94541-6768		Aggregate Year-to-Date ▼ 520.00
FEC ID number of contributing federal political committee. C		
Name of Employer LOCAL 29	Occupation Business Rep	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 149 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Terry Keller</b>		Date of Receipt
Mailing Address 1137 Wlper St Apt 26		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Hayward	State CA	Zip Code 94541-6768
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer LOCAL 29	Occupation Business Rep	Transaction ID : <b>C6182067</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="520.00"/>	
		Amount of Each Receipt this Period <input type="text" value="50.00"/>

Full Name (Last, First, Middle Initial) <b>B. Terry Keller</b>		Date of Receipt
Mailing Address 1137 Wlper St Apt 26		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City Hayward	State CA	Zip Code 94541-6768
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer LOCAL 29	Occupation Business Rep	Transaction ID : <b>C6202906</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="520.00"/>	
		Amount of Each Receipt this Period <input type="text" value="40.00"/>

Full Name (Last, First, Middle Initial) <b>C. Cynthia G Kelly</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer OPEIU, Local #4873	Occupation Membership/Bookkeeper	Transaction ID : <b>C5948571</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	
		Amount of Each Receipt this Period <input type="text" value="25.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Cynthia G Kelly</b>			Date of Receipt
Mailing Address 2222 Bull St			<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C5991762</b>
Savannah	GA	31401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
OPEIU, Local #4873	Membership/Bookkeeper		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Cynthia G Kelly</b>			Date of Receipt
Mailing Address 2222 Bull St			<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6053191</b>
Savannah	GA	31401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
OPEIU, Local #4873	Membership/Bookkeeper		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Cynthia G Kelly</b>			Date of Receipt
Mailing Address 2222 Bull St			<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6125300</b>
Savannah	GA	31401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
OPEIU, Local #4873	Membership/Bookkeeper		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Cynthia G Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2222 Bull St  
 City Savannah State GA Zip Code 31401  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OPEIU, Local #4873 Occupation Membership/Bookkeeper  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 300.00

Date of Receipt 11 / 05 / 2013  
 Transaction ID : C6182083  
 Amount of Each Receipt this Period 25.00

**B. Cynthia G Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2222 Bull St  
 City Savannah State GA Zip Code 31401  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OPEIU, Local #4873 Occupation Membership/Bookkeeper  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 300.00

Date of Receipt 12 / 04 / 2013  
 Transaction ID : C6196975  
 Amount of Each Receipt this Period 25.00

**C. Kevin Kistler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6225 Starwood Way  
 City Rockville State MD Zip Code 20852-3530  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OPEIU Occupation Dir. Organ. & Field Service  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 461.52

Date of Receipt 07 / 16 / 2013  
 Transaction ID : C5978031  
 Amount of Each Receipt this Period 38.46

**SUBTOTAL** of Receipts This Page (optional)..... 88.46  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 152 OF 305  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Kevin Kistler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6225 Starwood Way  
City Rockville State MD Zip Code 20852-3530  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Occupation Dir. Organ. & Field Service  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 461.52

Date of Receipt 08 / 12 / 2013  
**Transaction ID : C6003745**  
Amount of Each Receipt this Period 38.46

**B. Kevin Kistler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6225 Starwood Way  
City Rockville State MD Zip Code 20852-3530  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Occupation Dir. Organ. & Field Service  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 461.52

Date of Receipt 09 / 20 / 2013  
**Transaction ID : C6056277**  
Amount of Each Receipt this Period 38.46

**C. Kevin Kistler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6225 Starwood Way  
City Rockville State MD Zip Code 20852-3530  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Occupation Dir. Organ. & Field Service  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 461.52

Date of Receipt 10 / 16 / 2013  
**Transaction ID : C6147564**  
Amount of Each Receipt this Period 38.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Kevin Kistler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6225 Starwood Way  
 City Rockville State MD Zip Code 20852-3530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Occupation Dir. Organ. & Field Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2013  
**Transaction ID : C6187830**  
 Amount of Each Receipt this Period  
 57.69

**B. Kevin Kistler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6225 Starwood Way  
 City Rockville State MD Zip Code 20852-3530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Occupation Dir. Organ. & Field Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2013  
**Transaction ID : C6203518**  
 Amount of Each Receipt this Period  
 38.46

**C. CHRIS LAFOND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27 TYLER RD  
 City Lexington State MA Zip Code 02420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6044760**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	137.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. CHRIS LAFOND**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 TYLER RD

City Lexington State MA Zip Code 02420

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6044761**

Amount of Each Receipt this Period  
 41.67

**B. CHRIS LAFOND**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 TYLER RD

City Lexington State MA Zip Code 02420

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6044762**

Amount of Each Receipt this Period  
 41.67

**C. CHRIS LAFOND**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 TYLER RD

City Lexington State MA Zip Code 02420

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 11 / 05 / 2013  
**Transaction ID : C6176727**

Amount of Each Receipt this Period  
 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.01

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. CHRIS LAFOND**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 TYLER RD

City Lexington State MA Zip Code 02420

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6176728**

Amount of Each Receipt this Period  
 41.67

**B. CHRIS LAFOND**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 TYLER RD

City Lexington State MA Zip Code 02420

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6176729**

Amount of Each Receipt this Period  
 41.67

**C. SHAUNIQUE LAMB**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 WATERS COVE CT

City STAFFORD State VA Zip Code 22554

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6042845**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 123.34

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. SHAUNIQUE LAMB</b>		Date of Receipt
Mailing Address 301 WATERS COVE CT		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City STAFFORD	State VA	Zip Code 22554
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6042846</b>
Name of Employer American Income Life Insurance		Amount of Each Receipt this Period
Occupation Agent		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>B. SHAUNIQUE LAMB</b>		Date of Receipt
Mailing Address 301 WATERS COVE CT		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City STAFFORD	State VA	Zip Code 22554
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6042847</b>
Name of Employer American Income Life Insurance		Amount of Each Receipt this Period
Occupation Agent		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>C. SHAUNIQUE LAMB</b>		Date of Receipt
Mailing Address 301 WATERS COVE CT		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City STAFFORD	State VA	Zip Code 22554
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6174523</b>
Name of Employer American Income Life Insurance		Amount of Each Receipt this Period
Occupation Agent		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. SHAUNIQUE LAMB**

Mailing Address 301 WATERS COVE CT

City State Zip Code  
STAFFORD VA 22554

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2013

**Transaction ID : C6174524**

Amount of Each Receipt this Period  
40.00

Full Name (Last, First, Middle Initial)  
**B. Samuel G Lasala**

Mailing Address 221 Timberline Dr

City State Zip Code  
Madison MS 39110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Ins. Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2013

**Transaction ID : C6039452**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Samuel G Lasala**

Mailing Address 221 Timberline Dr

City State Zip Code  
Madison MS 39110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Ins. Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2013

**Transaction ID : C6039453**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Samuel G Lasala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 Timberline Dr  
 City Madison State MS Zip Code 39110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039454**  
 Amount of Each Receipt this Period  
 100.00

**B. Samuel G Lasala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 Timberline Dr  
 City Madison State MS Zip Code 39110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172138**  
 Amount of Each Receipt this Period  
 100.00

**C. Samuel G Lasala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 221 Timberline Dr  
 City Madison State MS Zip Code 39110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172139**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. MICHAEL A LIBASSI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 191 VINE ST #123  
 City COLUMBUS State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6044895**  
 Amount of Each Receipt this Period 100.00

**B. MICHAEL A LIBASSI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13065 VIRGINIA BLVD APT 2F  
 City CARMEL State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6040550**  
 Amount of Each Receipt this Period 100.00

**C. MICHAEL A LIBASSI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13065 VIRGINIA BLVD APT 2F  
 City CARMEL State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6040551**  
 Amount of Each Receipt this Period 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 160 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. MICHAEL A LIBASSI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 191 VINE ST #123  
 City COLUMBUS State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6176893**  
 Amount of Each Receipt this Period  
 100.00

**B. MICHAEL A LIBASSI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 191 VINE ST #123  
 City COLUMBUS State OH Zip Code 43215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6176894**  
 Amount of Each Receipt this Period  
 100.00

**C. MICHAEL A LIBASSI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13065 VIRGINIA BLVD APT 2F  
 City CARMEL State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173064**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. SABRINA N LLOYD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 LONGMEADOW DR

City BARRINGTON HILLS State IL Zip Code 60010

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6042046**

Amount of Each Receipt this Period

**B. SABRINA N LLOYD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 LONGMEADOW DR

City BARRINGTON HILLS State IL Zip Code 60010

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6042047**

Amount of Each Receipt this Period

**C. SABRINA N LLOYD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 LONGMEADOW DR

City BARRINGTON HILLS State IL Zip Code 60010

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6042048**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 162 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. SABRINA N LLOYD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 LONGMEADOW DR  
 City BARRINGTON HILLS State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6174087**  
 Amount of Each Receipt this Period  
 100.00

**B. SABRINA N LLOYD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 LONGMEADOW DR  
 City BARRINGTON HILLS State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6174088**  
 Amount of Each Receipt this Period  
 100.00

**C. SABRINA N LLOYD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 LONGMEADOW DR  
 City BARRINGTON HILLS State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6174089**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. CHRIS A LUSSIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8728 CUMBERNAULD CIR N

City GERMANTOWN	State TN	Zip Code 38139
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6044977**

Amount of Each Receipt this Period  
100.00

**B. CHRIS A LUSSIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8728 CUMBERNAULD CIR N

City GERMANTOWN	State TN	Zip Code 38139
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6044978**

Amount of Each Receipt this Period  
100.00

**C. CHRIS A LUSSIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8728 CUMBERNAULD CIR N

City GERMANTOWN	State TN	Zip Code 38139
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6176994**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. CHRIS A LUSSIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8728 CUMBERNAULD CIR N

City GERMANTOWN	State TN	Zip Code 38139
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6176995**

Amount of Each Receipt this Period  
100.00

**B. CHRIS A LUSSIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8728 CUMBERNAULD CIR N

City GERMANTOWN	State TN	Zip Code 38139
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6176996**

Amount of Each Receipt this Period  
100.00

**C. KATHRYN M MAITZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 147 BLUE RIDGE RD

City INDIANAPOLIS	State IN	Zip Code 46208
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040552**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. RICHARD MANSFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1941 N WILLOW GLEN PL

City STAR State ID Zip Code 83669

FEC ID number of contributing federal political committee. C

Name of Employer National Income Life Insurance  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
09 / 05 / 2013  
Transaction ID : C6040215

Amount of Each Receipt this Period  
20.00

**B. RICHARD MANSFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1941 N WILLOW GLEN PL

City STAR State ID Zip Code 83669

FEC ID number of contributing federal political committee. C

Name of Employer National Income Life Insurance  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
09 / 05 / 2013  
Transaction ID : C6040216

Amount of Each Receipt this Period  
20.00

**C. RICHARD MANSFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1941 N WILLOW GLEN PL

City STAR State ID Zip Code 83669

FEC ID number of contributing federal political committee. C

Name of Employer National Income Life Insurance  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
09 / 05 / 2013  
Transaction ID : C6040217

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. RICHARD MANSFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1941 N WILLOW GLEN PL

City STAR State ID Zip Code 83669

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6172799**

Amount of Each Receipt this Period  
20.00

**B. RICHARD MANSFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1941 N WILLOW GLEN PL

City STAR State ID Zip Code 83669

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6172800**

Amount of Each Receipt this Period  
20.00

**C. RICHARD MANSFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1941 N WILLOW GLEN PL

City STAR State ID Zip Code 83669

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance  
Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6172801**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)  
**A. ANDREW MAR**

Mailing Address PO Box 208

City Waco State TX Zip Code 76703

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

Transaction ID : **C6040059**

Amount of Each Receipt this Period  
**84.00**

Full Name (Last, First, Middle Initial)  
**B. ANDREW MAR**

Mailing Address PO Box 208

City Waco State TX Zip Code 76703

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2013**

Transaction ID : **C6172670**

Amount of Each Receipt this Period  
**84.00**

Full Name (Last, First, Middle Initial)  
**C. Tim R McAdams**

Mailing Address 3645 Marketplace Blvd #130-298

City East Point State GA Zip Code 30344

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

Transaction ID : **C6038752**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>268.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Tim R McAdams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3645 Marketplace Blvd #130-298

City East Point	State GA	Zip Code 30344
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6038753**

Amount of Each Receipt this Period  
100.00

**B. Tim R McAdams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3645 Marketplace Blvd #130-298

City East Point	State GA	Zip Code 30344
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6038754**

Amount of Each Receipt this Period  
100.00

**C. Tim R McAdams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3645 Marketplace Blvd #130-298

City East Point	State GA	Zip Code 30344
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6171473**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 169 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Tim R McAdams**  
Full Name (Last, First, Middle Initial)

Mailing Address 3645 Marketplace Blvd #130-298

City East Point	State GA	Zip Code 30344
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6171474**

Amount of Each Receipt this Period  
100.00

**B. Tim R McAdams**  
Full Name (Last, First, Middle Initial)

Mailing Address 3645 Marketplace Blvd #130-298

City East Point	State GA	Zip Code 30344
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6171475**

Amount of Each Receipt this Period  
100.00

**c. John McCreary**  
Full Name (Last, First, Middle Initial)

Mailing Address 4537 Cove Dr  
Apt B

City Carlsbad	State CA	Zip Code 92008
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6038360**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. John McCreary</b>		Date of Receipt
Mailing Address 4537 Cove Dr Apt B		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Carlsbad	State CA	Zip Code 92008
FEC ID number of contributing federal political committee. C	<b>Transaction ID : C6171088</b>	
Name of Employer American Income Life	Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	<input type="text" value="50.00"/>

Full Name (Last, First, Middle Initial) <b>B. John McCreary</b>		Date of Receipt
Mailing Address 4537 Cove Dr Apt B		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Carlsbad	State CA	Zip Code 92008
FEC ID number of contributing federal political committee. C	<b>Transaction ID : C6171089</b>	
Name of Employer American Income Life	Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	<input type="text" value="50.00"/>

Full Name (Last, First, Middle Initial) <b>C. MELISSA MENDOZA</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City Savannah	State GA	Zip Code 31401
FEC ID number of contributing federal political committee. C	<b>Transaction ID : C5948575</b>	
Name of Employer OPEIU, Local #4873	Occupation Secretary	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	<input type="text" value="25.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="125.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. MELISSA MENDOZA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, Local #4873 Occupation Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 05 / 2013  
**Transaction ID : C5991766**

Amount of Each Receipt this Period 25.00

**B. MELISSA MENDOZA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, Local #4873 Occupation Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 04 / 2013  
**Transaction ID : C6053195**

Amount of Each Receipt this Period 25.00

**C. MELISSA MENDOZA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 Bull St

City Savannah State GA Zip Code 31401

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU, Local #4873 Occupation Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 03 / 2013  
**Transaction ID : C6125304**

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. MELISSA MENDOZA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2222 Bull St  
 City Savannah State GA Zip Code 31401  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OPEIU, Local #4873 Occupation Secretary  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 300.00

Date of Receipt  
 11 / 05 / 2013  
**Transaction ID : C6182084**  
 Amount of Each Receipt this Period  
 25.00

**B. MELISSA MENDOZA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2222 Bull St  
 City Savannah State GA Zip Code 31401  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OPEIU, Local #4873 Occupation Secretary  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 300.00

Date of Receipt  
 12 / 04 / 2013  
**Transaction ID : C6196979**  
 Amount of Each Receipt this Period  
 25.00

**C. DARREN K MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9119 N WHITE OAK LN #223  
 City BAYSIDE State WI Zip Code 53217  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 300.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6040825**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. DARREN K MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9119 N WHITE OAK LN #223

City BAYSIDE	State WI	Zip Code 53217
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

**Transaction ID : C6040826**

Amount of Each Receipt this Period  

25.00
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**B. DARREN K MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9119 N WHITE OAK LN #223

City BAYSIDE	State WI	Zip Code 53217
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

**Transaction ID : C6040827**

Amount of Each Receipt this Period  

25.00
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**C. DARREN K MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9119 N WHITE OAK LN #223

City BAYSIDE	State WI	Zip Code 53217
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2013

**Transaction ID : C6173280**

Amount of Each Receipt this Period  

25.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. DARREN K MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9119 N WHITE OAK LN #223

City BAYSIDE	State WI	Zip Code 53217
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6173281**

Amount of Each Receipt this Period  

25.00
-------

**B. DARREN K MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9119 N WHITE OAK LN #223

City BAYSIDE	State WI	Zip Code 53217
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6173282**

Amount of Each Receipt this Period  

25.00
-------

**C. DEDRICK M MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5955 CHERYL CREST LN

City MEMPHIS	State TN	Zip Code 38115
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6042769**

Amount of Each Receipt this Period  

80.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. DEDRICK M MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5955 CHERYL CREST LN

City MEMPHIS State TN Zip Code 38115

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6042770**

Amount of Each Receipt this Period  
**80.00**

**B. DEDRICK M MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5955 CHERYL CREST LN

City MEMPHIS State TN Zip Code 38115

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2013**

**Transaction ID : C6174476**

Amount of Each Receipt this Period  
**80.00**

**C. Suzanne Mode**  
Full Name (Last, First, Middle Initial)

Mailing Address 6515 Francis Ave N

City Seattle State WA Zip Code 98103-5243

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCAL 8 Occupation Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **839.91**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 03 / 2013**

**Transaction ID : C5931505**

Amount of Each Receipt this Period  
**15.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **175.00**

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 177 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Suzanne Mode**  
 Mailing Address 6515 Francis Ave N  
 City State Zip Code  
 Seattle WA 98103-5243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOCAL 8 Business Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 839.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2013  
**Transaction ID : C5981651**  
 Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Suzanne Mode**  
 Mailing Address 6515 Francis Ave N  
 City State Zip Code  
 Seattle WA 98103-5243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOCAL 8 Business Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 839.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C6053019**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Suzanne Mode**  
 Mailing Address 6515 Francis Ave N  
 City State Zip Code  
 Seattle WA 98103-5243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOCAL 8 Business Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 839.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2013  
**Transaction ID : C6125309**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Suzanne Mode**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6515 Francis Ave N  
City Seattle State WA Zip Code 98103-5243  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 8 Occupation Business Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 839.91

Date of Receipt  
10 / 29 / 2013  
**Transaction ID : C6185165**  
Amount of Each Receipt this Period 31.11

**B. Suzanne Mode**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6515 Francis Ave N  
City Seattle State WA Zip Code 98103-5243  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 8 Occupation Business Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 839.91

Date of Receipt  
10 / 29 / 2013  
**Transaction ID : C6185210**  
Amount of Each Receipt this Period 19.20

**C. Suzanne Mode**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6515 Francis Ave N  
City Seattle State WA Zip Code 98103-5243  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 8 Occupation Business Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 839.91

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6181908**  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.31  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Suzanne Mode**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6515 Francis Ave N  
City Seattle State WA Zip Code 98103-5243  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 8 Occupation Business Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 839.91

Date of Receipt  
12 / 09 / 2013  
Transaction ID : **C6196987**  
Amount of Each Receipt this Period  
20.00

**B. Suzanne Mode**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6515 Francis Ave N  
City Seattle State WA Zip Code 98103-5243  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 8 Occupation Business Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 839.91

Date of Receipt  
12 / 30 / 2013  
Transaction ID : **C6209219**  
Amount of Each Receipt this Period  
20.00

**C. TRAVIS P MOODY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 141 WOODMORE AVE  
City LOUISVILLE State KY Zip Code 40214  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
09 / 05 / 2013  
Transaction ID : **C6040245**  
Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 180 OF 305  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. TRAVIS P MOODY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 141 WOODMORE AVE

City LOUISVILLE	State KY	Zip Code 40214
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040246**

Amount of Each Receipt this Period  
100.00

**B. TRAVIS P MOODY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 141 WOODMORE AVE

City LOUISVILLE	State KY	Zip Code 40214
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040247**

Amount of Each Receipt this Period  
100.00

**C. TRAVIS P MOODY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 141 WOODMORE AVE

City LOUISVILLE	State KY	Zip Code 40214
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172823**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. TRAVIS P MOODY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 WOODMORE AVE  
 City LOUISVILLE State KY Zip Code 40214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172824**  
 Amount of Each Receipt this Period  
 100.00

**B. TRAVIS P MOODY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 WOODMORE AVE  
 City LOUISVILLE State KY Zip Code 40214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172825**  
 Amount of Each Receipt this Period  
 100.00

**C. Shelby Mooney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3229 34th Ave W  
 City Seattle State WA Zip Code 98199-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU LOCAL 8 Occupation Organizer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.61

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2013  
**Transaction ID : C5931509**  
 Amount of Each Receipt this Period  
 17.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 217.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Shelby Mooney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3229 34th Ave W  
 City Seattle State WA Zip Code 98199-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU LOCAL 8 Occupation Organizer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.61

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2013  
**Transaction ID : C5981656**  
 Amount of Each Receipt this Period  
 17.00

**B. Shelby Mooney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3229 34th Ave W  
 City Seattle State WA Zip Code 98199-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU LOCAL 8 Occupation Organizer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.61

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C6053021**  
 Amount of Each Receipt this Period  
 17.00

**C. Shelby Mooney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3229 34th Ave W  
 City Seattle State WA Zip Code 98199-2614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU LOCAL 8 Occupation Organizer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.61

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2013  
**Transaction ID : C6125311**  
 Amount of Each Receipt this Period  
 17.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	51.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Shelby Mooney</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2013 <b>Transaction ID : C6185166</b>
Mailing Address 3229 34th Ave W			Amount of Each Receipt this Period 76.11
City Seattle	State WA	Zip Code 98199-2614	
FEC ID number of contributing federal political committee. C			
Name of Employer OPEIU LOCAL 8		Occupation Organizer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.61	

Full Name (Last, First, Middle Initial) <b>B. Shelby Mooney</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2013 <b>Transaction ID : C6185208</b>
Mailing Address 3229 34th Ave W			Amount of Each Receipt this Period 24.00
City Seattle	State WA	Zip Code 98199-2614	
FEC ID number of contributing federal political committee. C			
Name of Employer OPEIU LOCAL 8		Occupation Organizer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.61	

Full Name (Last, First, Middle Initial) <b>C. Shelby Mooney</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6181910</b>
Mailing Address 3229 34th Ave W			Amount of Each Receipt this Period 17.00
City Seattle	State WA	Zip Code 98199-2614	
FEC ID number of contributing federal political committee. C			
Name of Employer OPEIU LOCAL 8		Occupation Organizer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.61	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.11
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Shelby Mooney</b>		Date of Receipt
Mailing Address 3229 34th Ave W		M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2013
City	State	Zip Code
Seattle	WA	98199-2614
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : C6196989</b>
Name of Employer OPEIU LOCAL 8		Amount of Each Receipt this Period
Occupation Organizer		17.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	345.61	

Full Name (Last, First, Middle Initial) <b>B. Shelby Mooney</b>		Date of Receipt
Mailing Address 3229 34th Ave W		M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2013
City	State	Zip Code
Seattle	WA	98199-2614
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : C6209221</b>
Name of Employer OPEIU LOCAL 8		Amount of Each Receipt this Period
Occupation Organizer		17.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	345.61	

Full Name (Last, First, Middle Initial) <b>C. Joseph K Moore</b>		Date of Receipt
Mailing Address 2055 S Atlantic Ave #1403		M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2013
City	State	Zip Code
Daytona Beach Shores	FL	32118
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : C6039524</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	84.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Joseph K Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 2055 S Atlantic Ave #1403

City Daytona Beach Shores	State FL	Zip Code 32118
------------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6039525**

Amount of Each Receipt this Period  

50.00
-------

**B. Joseph K Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 2055 S Atlantic Ave #1403

City Daytona Beach Shores	State FL	Zip Code 32118
------------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6039526**

Amount of Each Receipt this Period  

50.00
-------

**C. Joseph K Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 2055 S Atlantic Ave #1403

City Daytona Beach Shores	State FL	Zip Code 32118
------------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6172203**

Amount of Each Receipt this Period  

50.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Joseph K Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 2055 S Atlantic Ave #1403

City Daytona Beach Shores	State FL	Zip Code 32118
------------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6172204**

Amount of Each Receipt this Period  

50.00
-------

**B. Joseph K Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 2055 S Atlantic Ave #1403

City Daytona Beach Shores	State FL	Zip Code 32118
------------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6172205**

Amount of Each Receipt this Period  

50.00
-------

**C. PATRICIA MORGAN**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 208

City Waco	State TX	Zip Code 76703
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6040426**

Amount of Each Receipt this Period  

150.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. PATRICIA MORGAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 208

City Waco	State TX	Zip Code 76703
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172967**

Amount of Each Receipt this Period  
150.00

**B. Eric J Neal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1355 Woodside Dr

City Arnold	State MO	Zip Code 63010
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039476**

Amount of Each Receipt this Period  
300.00

**C. Eric J Neal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1355 Woodside Dr

City Arnold	State MO	Zip Code 63010
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039477**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 188 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Eric J Neal</b>		Date of Receipt
Mailing Address 1355 Woodside Dr		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Arnold	State MO	Zip Code 63010
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6039478</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="3600.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Eric J Neal</b>		Date of Receipt
Mailing Address 1355 Woodside Dr		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Arnold	State MO	Zip Code 63010
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6172161</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="3600.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Eric J Neal</b>		Date of Receipt
Mailing Address 1355 Woodside Dr		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Arnold	State MO	Zip Code 63010
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6172162</b>
Name of Employer American Income Life Ins.		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="3600.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Eric J Neal</b>		Date of Receipt
Mailing Address 1355 Woodside Dr		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Arnold	MO	63010
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6172163</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jan Nikodym</b>		Date of Receipt
Mailing Address 2936 Helix St		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
Spring Valley	CA	91977
FEC ID number of contributing federal political committee.		<b>Transaction ID : C5948378</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
Kaiser	Clerical	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="295.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jan Nikodym</b>		Date of Receipt
Mailing Address 2936 Helix St		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Spring Valley	CA	91977
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6003464</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
Kaiser	Clerical	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="295.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="395.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Jan Nikodym**  
Full Name (Last, First, Middle Initial)

Mailing Address 2936 Helix St

City Spring Valley State CA Zip Code 91977

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Occupation Clerical

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C6053056**

Amount of Each Receipt this Period  
 20.00

**B. Jan Nikodym**  
Full Name (Last, First, Middle Initial)

Mailing Address 2936 Helix St

City Spring Valley State CA Zip Code 91977

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Occupation Clerical

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2013  
**Transaction ID : C6141752**

Amount of Each Receipt this Period  
 20.00

**C. Jan Nikodym**  
Full Name (Last, First, Middle Initial)

Mailing Address 2936 Helix St

City Spring Valley State CA Zip Code 91977

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Occupation Clerical

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6181981**

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Jan Nikodym**  
Full Name (Last, First, Middle Initial)

Mailing Address 2936 Helix St

City Spring Valley State CA Zip Code 91977

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Occupation Clerical

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2013  
**Transaction ID : C6187734**

Amount of Each Receipt this Period  
 20.00

**B. Jan Nikodym**  
Full Name (Last, First, Middle Initial)

Mailing Address 2936 Helix St

City Spring Valley State CA Zip Code 91977

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Occupation Clerical

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2013  
**Transaction ID : C6203411**

Amount of Each Receipt this Period  
 20.00

**C. Timothy J Nolan**  
Full Name (Last, First, Middle Initial)

Mailing Address 6010 W Lake Rd

City Auburn State NY Zip Code 13021

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038564**

Amount of Each Receipt this Period  
 60.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Timothy J Nolan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6010 W Lake Rd  
City Auburn State NY Zip Code 13021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer National Income Life Occupation Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 05 / 2013**  
**Transaction ID : C6171289**  
Amount of Each Receipt this Period **60.00**

**B. DORIAN S OLDHAM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3831 N MULBERRY DR #3403  
City KANSAS CITY State MO Zip Code 64116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1110.00**

Date of Receipt **09 / 05 / 2013**  
**Transaction ID : C6041335**  
Amount of Each Receipt this Period **10.00**

**C. DORIAN S OLDHAM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3831 N MULBERRY DR #3403  
City KANSAS CITY State MO Zip Code 64116  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Insurance Occupation Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1110.00**

Date of Receipt **09 / 05 / 2013**  
**Transaction ID : C6041336**  
Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **170.00**  
**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 193 OF 305 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. DORIAN S OLDHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 3831 N MULBERRY DR #3403

City KANSAS CITY	State MO	Zip Code 64116
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1110.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6041337**

Amount of Each Receipt this Period  
100.00

**B. DORIAN S OLDHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 3831 N MULBERRY DR #3403

City KANSAS CITY	State MO	Zip Code 64116
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1110.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173639**

Amount of Each Receipt this Period  
100.00

**C. DORIAN S OLDHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 3831 N MULBERRY DR #3403

City KANSAS CITY	State MO	Zip Code 64116
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1110.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173640**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. DORIAN S OLDHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 3831 N MULBERRY DR #3403

City KANSAS CITY	State MO	Zip Code 64116
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1110.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6173641**

Amount of Each Receipt this Period  
100.00

**B. Durhon Oldham**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 208

City Waco	State TX	Zip Code 76703
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6039598**

Amount of Each Receipt this Period  
1200.00

**c. Durhon Oldham**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 208

City Waco	State TX	Zip Code 76703
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6172272**

Amount of Each Receipt this Period  
1200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 195 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. ROBERT OLSON JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26561 W HIGHLAND DR  
 City CHANNAHON State IL Zip Code 60410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6041154**  
 Amount of Each Receipt this Period  
 400.00

**B. ROBERT OLSON JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26561 W HIGHLAND DR  
 City CHANNAHON State IL Zip Code 60410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6041155**  
 Amount of Each Receipt this Period  
 400.00

**C. ROBERT OLSON JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26561 W HIGHLAND DR  
 City CHANNAHON State IL Zip Code 60410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Insurance Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173511**  
 Amount of Each Receipt this Period  
 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. ROBERT OLSON JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 26561 W HIGHLAND DR

City CHANNAHON State IL Zip Code 60410

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173512**

Amount of Each Receipt this Period  
 400.00

**B. ROBERT OLSON JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 26561 W HIGHLAND DR

City CHANNAHON State IL Zip Code 60410

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173513**

Amount of Each Receipt this Period  
 400.00

**C. ROBERT OLSON JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 26561 W HIGHLAND DR

City CHANNAHON State IL Zip Code 60410

FEC ID number of contributing federal political committee. **C**

Name of Employer National Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040226**

Amount of Each Receipt this Period  
 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Laurie Onasch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 632 Moraine Ct  
 City Colgate State WI Zip Code 53017  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038566**  
 Amount of Each Receipt this Period  
 180.00

**B. Laurie Onasch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 632 Moraine Ct  
 City Colgate State WI Zip Code 53017  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171291**  
 Amount of Each Receipt this Period  
 180.00

**C. CHAD T PANZER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 LAUREL CIR  
 City Bangor State ME Zip Code 04401  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6045518**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	460.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. CHAD T PANZER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 120 LAUREL CIR  
City Bangor State ME Zip Code 04401  
FEC ID number of contributing federal political committee. C  
Name of Employer American Income Life Ins. Occupation Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6177635  
Amount of Each Receipt this Period 100.00

**B. CHAD T PANZER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 120 LAUREL CIR  
City Bangor State ME Zip Code 04401  
FEC ID number of contributing federal political committee. C  
Name of Employer American Income Life Ins. Occupation Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6177636  
Amount of Each Receipt this Period 100.00

**C. Susan N Pate**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2815 Augusta Ln  
City Arlington State TX Zip Code 76012  
FEC ID number of contributing federal political committee. C  
Name of Employer american income life Occupation Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 220.00

Date of Receipt 09 / 05 / 2013  
Transaction ID : C6038544  
Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional)..... 260.00  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Susan N Pate**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2815 Augusta Ln  
City Arlington State TX Zip Code 76012  
FEC ID number of contributing federal political committee. C  
Name of Employer american income life Occupation Agent  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 220.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6171269  
Amount of Each Receipt this Period 60.00

**B. Sheila Peacock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1810 Buckingham Dr  
City Pasadena State TX Zip Code 77504-5011  
FEC ID number of contributing federal political committee. C  
Name of Employer OPEIU Occupation Intl Rep  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 480.75

Date of Receipt 07 / 16 / 2013  
Transaction ID : C5978049  
Amount of Each Receipt this Period 38.46

**C. Sheila Peacock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1810 Buckingham Dr  
City Pasadena State TX Zip Code 77504-5011  
FEC ID number of contributing federal political committee. C  
Name of Employer OPEIU Occupation Intl Rep  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date 480.75

Date of Receipt 08 / 12 / 2013  
Transaction ID : C6003759  
Amount of Each Receipt this Period 38.46

**SUBTOTAL** of Receipts This Page (optional)..... 136.92  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Sheila Peacock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1810 Buckingham Dr  
City Pasadena State TX Zip Code 77504-5011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Occupation Intl Rep  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
09 / 20 / 2013  
Transaction ID : **C6056291**  
Amount of Each Receipt this Period 38.46

**B. Sheila Peacock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1810 Buckingham Dr  
City Pasadena State TX Zip Code 77504-5011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Occupation Intl Rep  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
10 / 16 / 2013  
Transaction ID : **C6147581**  
Amount of Each Receipt this Period 38.46

**C. Sheila Peacock**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1810 Buckingham Dr  
City Pasadena State TX Zip Code 77504-5011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OPEIU Occupation Intl Rep  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
11 / 26 / 2013  
Transaction ID : **C6187858**  
Amount of Each Receipt this Period 57.69

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 134.61  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Sheila Peacock**  
Full Name (Last, First, Middle Initial)

Mailing Address 1810 Buckingham Dr

City Pasadena State TX Zip Code 77504-5011

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Occupation Intl Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
**12 / 16 / 2013**

**Transaction ID : C6203533**

Amount of Each Receipt this Period  
**19.23**

**B. Colleen Pedersen**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Linda Ln

City Hampton Bays State NY Zip Code 11946-2201

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Occupation asst. to the president

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
**07 / 16 / 2013**

**Transaction ID : C5978034**

Amount of Each Receipt this Period  
**20.00**

**C. Colleen Pedersen**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Linda Ln

City Hampton Bays State NY Zip Code 11946-2201

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Occupation asst. to the president

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
**08 / 12 / 2013**

**Transaction ID : C6003747**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **59.23**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 202 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Colleen Pedersen</b>		Date of Receipt
Mailing Address 19 Linda Ln		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City State Zip Code Hampton Bays NY 11946-2201		<b>Transaction ID : C6056287</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer OPEIU	Occupation asst. to the president	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Colleen Pedersen</b>		Date of Receipt
Mailing Address 19 Linda Ln		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City State Zip Code Hampton Bays NY 11946-2201		<b>Transaction ID : C6147575</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer OPEIU	Occupation asst. to the president	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Colleen Pedersen</b>		Date of Receipt
Mailing Address 19 Linda Ln		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City State Zip Code Hampton Bays NY 11946-2201		<b>Transaction ID : C6187840</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer OPEIU	Occupation asst. to the president	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Colleen Pedersen**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Linda Ln

City Hampton Bays State NY Zip Code 11946-2201

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Occupation asst. to the president

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2013  
**Transaction ID : C6203527**

Amount of Each Receipt this Period  
 200.00

**B. FRANCISCO M PEREZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 LEE AVE

City Providence State RI Zip Code 02904

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6045575**

Amount of Each Receipt this Period  
 100.00

**C. FRANCISCO M PEREZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 LEE AVE

City Providence State RI Zip Code 02904

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6045576**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. FRANCISCO M PEREZ</b>		Date of Receipt
Mailing Address 1 LEE AVE		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Providence	State RI	Zip Code 02904
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6045577</b>
Name of Employer American Income Life Ins.	Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>B. FRANCISCO M PEREZ</b>		Date of Receipt
Mailing Address 1 LEE AVE		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Providence	State RI	Zip Code 02904
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6177709</b>
Name of Employer American Income Life Ins.	Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. FRANCISCO M PEREZ</b>		Date of Receipt
Mailing Address 1 LEE AVE		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Providence	State RI	Zip Code 02904
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6177710</b>
Name of Employer American Income Life Ins.	Occupation Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
	<input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. FRANCISCO M PEREZ</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6177711</b>
Mailing Address 1 LEE AVE		Amount of Each Receipt this Period 100.00
City Providence	State RI	Zip Code 02904
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Geshalem Perez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 11 / 2013 <b>Transaction ID : C5948419</b>
Mailing Address 4964 Saratoga Ave., #7		Amount of Each Receipt this Period 56.25
City San Diego	State CA	Zip Code 92107
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU L 30	Occupation Business Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.25	

Full Name (Last, First, Middle Initial) <b>C. Geshalem Perez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 12 / 2013 <b>Transaction ID : C6003488</b>
Mailing Address 4964 Saratoga Ave., #7		Amount of Each Receipt this Period 20.00
City San Diego	State CA	Zip Code 92107
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU L 30	Occupation Business Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.25	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	176.25
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Geshalem Perez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4964 Saratoga Ave., #7  
 City San Diego State CA Zip Code 92107  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OPEIU L 30 Occupation Business Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 301.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C6053081**  
 Amount of Each Receipt this Period  
 25.00

**B. Geshalem Perez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4964 Saratoga Ave., #7  
 City San Diego State CA Zip Code 92107  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OPEIU L 30 Occupation Business Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 301.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2013  
**Transaction ID : C6141777**  
 Amount of Each Receipt this Period  
 20.00

**C. Geshalem Perez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4964 Saratoga Ave., #7  
 City San Diego State CA Zip Code 92107  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OPEIU L 30 Occupation Business Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 301.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6182007**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Geshalem Perez</b>		Date of Receipt
Mailing Address 4964 Saratoga Ave., #7		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City San Diego State CA Zip Code 92107		<b>Transaction ID : C6187763</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer OPEIU L 30 Occupation Business Agent		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="301.25"/>	

Full Name (Last, First, Middle Initial) <b>B. Geshalem Perez</b>		Date of Receipt
Mailing Address 4964 Saratoga Ave., #7		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City San Diego State CA Zip Code 92107		<b>Transaction ID : C6203443</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer OPEIU L 30 Occupation Business Agent		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="301.25"/>	

Full Name (Last, First, Middle Initial) <b>C. Denise M Perkins</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City Savannah State GA Zip Code 31401		<b>Transaction ID : C5948572</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer OPEIU, Local #4873 Occupation Office Manager		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="65.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Denise M Perkins</b>			Date of Receipt
Mailing Address 2222 Bull St			<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C5991763</b>
Savannah	GA	31401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
OPEIU, Local #4873	Office Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Denise M Perkins</b>			Date of Receipt
Mailing Address 2222 Bull St			<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6053192</b>
Savannah	GA	31401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
OPEIU, Local #4873	Office Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Denise M Perkins</b>			Date of Receipt
Mailing Address 2222 Bull St			<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : C6125301</b>
Savannah	GA	31401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
OPEIU, Local #4873	Office Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 209 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Denise M Perkins</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6182085</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Office Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Denise M Perkins</b>		Date of Receipt
Mailing Address 2222 Bull St		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Savannah	GA	31401
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6196976</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
OPEIU, Local #4873	Office Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Daniel S Phares</b>		Date of Receipt
Mailing Address Po Box 625		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Barrackville	WV	26559
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6038501</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
American Income Life	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Daniel S Phares**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 625

City State Zip Code  
Barrackville WV 26559

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2013  
**Transaction ID : C6038505**

Amount of Each Receipt this Period  
20.00

**B. Daniel S Phares**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 625

City State Zip Code  
Barrackville WV 26559

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2013  
**Transaction ID : C6038506**

Amount of Each Receipt this Period  
20.00

**C. Daniel S Phares**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 625

City State Zip Code  
Barrackville WV 26559

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2013  
**Transaction ID : C6171229**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Daniel S Phares**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 625

City State Zip Code  
Barrackville WV 26559

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2013  
**Transaction ID : C6171230**

Amount of Each Receipt this Period  
20.00

**B. Daniel S Phares**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 625

City State Zip Code  
Barrackville WV 26559

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 05 / 2013  
**Transaction ID : C6171231**

Amount of Each Receipt this Period  
20.00

**C. Suzanne Powroznick**  
Full Name (Last, First, Middle Initial)

Mailing Address 818 Appomattox St

City State Zip Code  
Hopewell VA 23860

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CWA Local 2201 staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.76

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 08 / 2013  
**Transaction ID : C5944129**

Amount of Each Receipt this Period  
38.48

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.48

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 212 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Suzanne Powroznick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 818 Appomattox St  
 City Hopewell State VA Zip Code 23860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CWA Local 2201 Occupation staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2013  
**Transaction ID : C6004913**  
 Amount of Each Receipt this Period  
 38.48

**B. Suzanne Powroznick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 818 Appomattox St  
 City Hopewell State VA Zip Code 23860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CWA Local 2201 Occupation staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2013  
**Transaction ID : C6050576**  
 Amount of Each Receipt this Period  
 38.48

**C. Suzanne Powroznick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 818 Appomattox St  
 City Hopewell State VA Zip Code 23860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CWA Local 2201 Occupation staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2013  
**Transaction ID : C6056408**  
 Amount of Each Receipt this Period  
 38.48

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.44  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Suzanne Powroznick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 818 Appomattox St  
City Hopewell State VA Zip Code 23860  
FEC ID number of contributing federal political committee. C  
Name of Employer CWA Local 2201 Occupation staff  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 461.76

Date of Receipt 10 / 08 / 2013  
Transaction ID : C6213085  
Amount of Each Receipt this Period 38.48

**B. Suzanne Powroznick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 818 Appomattox St  
City Hopewell State VA Zip Code 23860  
FEC ID number of contributing federal political committee. C  
Name of Employer CWA Local 2201 Occupation staff  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 461.76

Date of Receipt 11 / 08 / 2013  
Transaction ID : C6181133  
Amount of Each Receipt this Period 38.48

**C. PHILIP PRATA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 207 GEORGE ST #405  
City Middletown State CT Zip Code 06457  
FEC ID number of contributing federal political committee. C  
Name of Employer American Income Life Ins. Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 05 / 2013  
Transaction ID : C6045666  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 176.96  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 214 OF 305 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. PHILIP PRATA**  
Full Name (Last, First, Middle Initial)

Mailing Address 207 GEORGE ST #405

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6045667**

Amount of Each Receipt this Period  
**100.00**

**B. PHILIP PRATA**  
Full Name (Last, First, Middle Initial)

Mailing Address 207 GEORGE ST #405

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6045668**

Amount of Each Receipt this Period  
**100.00**

**C. PHILIP PRATA**  
Full Name (Last, First, Middle Initial)

Mailing Address 207 GEORGE ST #405

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2013**

**Transaction ID : C6177807**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. PHILIP PRATA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 207 GEORGE ST #405

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6177808**

Amount of Each Receipt this Period  

100.00
--------

**B. PHILIP PRATA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 207 GEORGE ST #405

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Agent
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6177809**

Amount of Each Receipt this Period  

100.00
--------

**c. Scott J Rehberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1153 Thistle Ln

City Lebanon	State OH	Zip Code 45036
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6039422**

Amount of Each Receipt this Period  

80.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>280.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Scott J Rehberg**

Mailing Address 1153 Thistle Ln

City Lebanon State OH Zip Code 45036

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6039423**

Amount of Each Receipt this Period  
**80.00**

Full Name (Last, First, Middle Initial)  
**B. Scott J Rehberg**

Mailing Address 1153 Thistle Ln

City Lebanon State OH Zip Code 45036

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6039424**

Amount of Each Receipt this Period  
**80.00**

Full Name (Last, First, Middle Initial)  
**c. Scott J Rehberg**

Mailing Address 1153 Thistle Ln

City Lebanon State OH Zip Code 45036

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2013**

**Transaction ID : C6172110**

Amount of Each Receipt this Period  
**80.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **240.00**

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Scott J Rehberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 1153 Thistle Ln

City Lebanon State OH Zip Code 45036

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172111**

Amount of Each Receipt this Period  
 80.00

**B. Scott J Rehberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 1153 Thistle Ln

City Lebanon State OH Zip Code 45036

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172112**

Amount of Each Receipt this Period  
 80.00

**C. Dovey Richter**  
Full Name (Last, First, Middle Initial)

Mailing Address 7154 West Farrand Rd

City Clio State MI Zip Code 48420

FEC ID number of contributing federal political committee. **C**

Name of Employer International Union UAW Occupation staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2013  
**Transaction ID : C5931352**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Dovey Richter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7154 West Farrand Rd  
 City Clio State MI Zip Code 48420  
 FEC ID number of contributing federal political committee. C  
 Name of Employer International Union UAW Occupation staff  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 650.00

Date of Receipt  
 07 / 23 / 2013  
**Transaction ID : C5979913**  
 Amount of Each Receipt this Period  
 50.00

**B. Dovey Richter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7154 West Farrand Rd  
 City Clio State MI Zip Code 48420  
 FEC ID number of contributing federal political committee. C  
 Name of Employer International Union UAW Occupation staff  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 650.00

Date of Receipt  
 08 / 21 / 2013  
**Transaction ID : C6025023**  
 Amount of Each Receipt this Period  
 50.00

**C. Dovey Richter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7154 West Farrand Rd  
 City Clio State MI Zip Code 48420  
 FEC ID number of contributing federal political committee. C  
 Name of Employer International Union UAW Occupation staff  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 650.00

Date of Receipt  
 10 / 03 / 2013  
**Transaction ID : C6125101**  
 Amount of Each Receipt this Period  
 75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Dovey Richter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7154 West Farrand Rd  
City Clio State MI Zip Code 48420  
FEC ID number of contributing federal political committee. C  
Name of Employer International Union UAW Occupation staff  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6181739  
Amount of Each Receipt this Period 50.00

**B. Dovey Richter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7154 West Farrand Rd  
City Clio State MI Zip Code 48420  
FEC ID number of contributing federal political committee. C  
Name of Employer International Union UAW Occupation staff  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 11 / 26 / 2013  
Transaction ID : C6188028  
Amount of Each Receipt this Period 25.00

**C. Dovey Richter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7154 West Farrand Rd  
City Clio State MI Zip Code 48420  
FEC ID number of contributing federal political committee. C  
Name of Employer International Union UAW Occupation staff  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 26 / 2013  
Transaction ID : C6210420  
Amount of Each Receipt this Period 75.00

**SUBTOTAL** of Receipts This Page (optional)..... 150.00  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Edward D Rubio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15508 Sugar Loaf Dr  
City Edmond State OK Zip Code 73013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6039571**  
Amount of Each Receipt this Period 100.00

**B. Edward D Rubio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15508 Sugar Loaf Dr  
City Edmond State OK Zip Code 73013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6039572**  
Amount of Each Receipt this Period 100.00

**C. Edward D Rubio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15508 Sugar Loaf Dr  
City Edmond State OK Zip Code 73013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6039573**  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 221 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Edward D Rubio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15508 Sugar Loaf Dr  
City Edmond State OK Zip Code 73013  
FEC ID number of contributing federal political committee. C  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1200.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6172246  
Amount of Each Receipt this Period 100.00

**B. Edward D Rubio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15508 Sugar Loaf Dr  
City Edmond State OK Zip Code 73013  
FEC ID number of contributing federal political committee. C  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1200.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6172247  
Amount of Each Receipt this Period 100.00

**C. Edward D Rubio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15508 Sugar Loaf Dr  
City Edmond State OK Zip Code 73013  
FEC ID number of contributing federal political committee. C  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1200.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6172248  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... 300.00  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Tamara Rubyn**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 149

City Carmichael	State CA	Zip Code 95609-0149
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCAL 29	Occupation President/Business Manager
------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 11 / 2013  
**Transaction ID : C5948248**

Amount of Each Receipt this Period  
40.00

**B. Tamara Rubyn**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 149

City Carmichael	State CA	Zip Code 95609-0149
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCAL 29	Occupation President/Business Manager
------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 07 / 2013  
**Transaction ID : C6005068**

Amount of Each Receipt this Period  
40.00

**C. Tamara Rubyn**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 149

City Carmichael	State CA	Zip Code 95609-0149
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer LOCAL 29	Occupation President/Business Manager
------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2013  
**Transaction ID : C6053265**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Tamara Rubyn</b>		Date of Receipt
Mailing Address PO Box 149		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
Carmichael	CA	95609-0149
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6141819</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
LOCAL 29	President/Business Manager	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Tamara Rubyn</b>		Date of Receipt
Mailing Address PO Box 149		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Carmichael	CA	95609-0149
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6182063</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
LOCAL 29	President/Business Manager	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Tamara Rubyn</b>		Date of Receipt
Mailing Address PO Box 149		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
Carmichael	CA	95609-0149
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6202902</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
LOCAL 29	President/Business Manager	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="520.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="130.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 224 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Paul D Rumbuc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3570 Magnoloia Ct  
 City State Zip Code  
 Oakland Township MI 48363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038555**  
 Amount of Each Receipt this Period  
 400.00

**B. Paul D Rumbuc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3570 Magnoloia Ct  
 City State Zip Code  
 Oakland Township MI 48363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038556**  
 Amount of Each Receipt this Period  
 400.00

**C. Paul D Rumbuc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3570 Magnoloia Ct  
 City State Zip Code  
 Oakland Township MI 48363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Agent  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038557**  
 Amount of Each Receipt this Period  
 400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Paul D Rumbuc</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6171279</b>
Mailing Address 3570 Magnoloia Ct			Amount of Each Receipt this Period 400.00
City Oakland Township	State MI	Zip Code 48363	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 4800.00
Name of Employer American Income Life		Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Paul D Rumbuc</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6171280</b>
Mailing Address 3570 Magnoloia Ct			Amount of Each Receipt this Period 400.00
City Oakland Township	State MI	Zip Code 48363	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 4800.00
Name of Employer American Income Life		Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Paul D Rumbuc</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6171281</b>
Mailing Address 3570 Magnoloia Ct			Amount of Each Receipt this Period 400.00
City Oakland Township	State MI	Zip Code 48363	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 4800.00
Name of Employer American Income Life		Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Jeanine Ruth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48584 Sugarbush  
 City Chesterfield State MI Zip Code 48047  
 FEC ID number of contributing federal political committee. C  
 Name of Employer International Union UAW Occupation staff  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 231.50

Date of Receipt  
 07 / 03 / 2013  
**Transaction ID : C5931369**  
 Amount of Each Receipt this Period  
 10.00

**B. Jeanine Ruth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48584 Sugarbush  
 City Chesterfield State MI Zip Code 48047  
 FEC ID number of contributing federal political committee. C  
 Name of Employer International Union UAW Occupation staff  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 231.50

Date of Receipt  
 07 / 23 / 2013  
**Transaction ID : C5979960**  
 Amount of Each Receipt this Period  
 20.00

**C. Jeanine Ruth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48584 Sugarbush  
 City Chesterfield State MI Zip Code 48047  
 FEC ID number of contributing federal political committee. C  
 Name of Employer International Union UAW Occupation staff  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 231.50

Date of Receipt  
 08 / 21 / 2013  
**Transaction ID : C6025053**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Jeanine Ruth</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2013 <b>Transaction ID : C6125147</b>		
Mailing Address 48584 Sugarbush			Amount of Each Receipt this Period 60.00		
City Chesterfield	State MI	Zip Code 48047			
FEC ID number of contributing federal political committee. C					
Name of Employer International Union UAW		Occupation staff			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 231.50			

Full Name (Last, First, Middle Initial) <b>B. Jeanine Ruth</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6181788</b>		
Mailing Address 48584 Sugarbush			Amount of Each Receipt this Period 20.00		
City Chesterfield	State MI	Zip Code 48047			
FEC ID number of contributing federal political committee. C					
Name of Employer International Union UAW		Occupation staff			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 231.50			

Full Name (Last, First, Middle Initial) <b>C. Jeanine Ruth</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2013 <b>Transaction ID : C6188072</b>		
Mailing Address 48584 Sugarbush			Amount of Each Receipt this Period 10.00		
City Chesterfield	State MI	Zip Code 48047			
FEC ID number of contributing federal political committee. C					
Name of Employer International Union UAW		Occupation staff			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 231.50			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Paul S Samra</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6039509</b>
Mailing Address 4855 Winterbrook Ave		Amount of Each Receipt this Period 20.00
City Dublin	State CA	Zip Code 94568
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Paul S Samra</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6172187</b>
Mailing Address 4855 Winterbrook Ave		Amount of Each Receipt this Period 20.00
City Dublin	State CA	Zip Code 94568
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Paul S Samra</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6172188</b>
Mailing Address 4855 Winterbrook Ave		Amount of Each Receipt this Period 20.00
City Dublin	State CA	Zip Code 94568
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Paul S Samra</b>		Date of Receipt
Mailing Address 4855 Winterbrook Ave		M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013
City	State	Zip Code
Dublin	CA	94568
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6172189</b>
C		Amount of Each Receipt this Period
		20.00
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	240.00	

Full Name (Last, First, Middle Initial) <b>B. Patricia Sanchez</b>		Date of Receipt
Mailing Address PO Box 14841		M M M / D D D / Y Y Y Y Y Y 07 / 11 / 2013
City	State	Zip Code
Oakland	CA	94614-0841
FEC ID number of contributing federal political committee.		Transaction ID : <b>C5948250</b>
C		Amount of Each Receipt this Period
		40.00
Name of Employer	Occupation	
LOCAL 29	Secretary-Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	520.00	

Full Name (Last, First, Middle Initial) <b>C. Patricia Sanchez</b>		Date of Receipt
Mailing Address PO Box 14841		M M M / D D D / Y Y Y Y Y Y 08 / 07 / 2013
City	State	Zip Code
Oakland	CA	94614-0841
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6005070</b>
C		Amount of Each Receipt this Period
		40.00
Name of Employer	Occupation	
LOCAL 29	Secretary-Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Patricia Sanchez</b>		Date of Receipt
Mailing Address PO Box 14841		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Oakland	CA	94614-0841
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6053267</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
LOCAL 29	Secretary-Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Patricia Sanchez</b>		Date of Receipt
Mailing Address PO Box 14841		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
Oakland	CA	94614-0841
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6141822</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
LOCAL 29	Secretary-Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Patricia Sanchez</b>		Date of Receipt
Mailing Address PO Box 14841		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Oakland	CA	94614-0841
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6182065</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
LOCAL 29	Secretary-Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="140.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Patricia Sanchez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 14841  
 City State Zip Code  
 Oakland CA 94614-0841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LOCAL 29 Secretary-Treasurer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2013  
**Transaction ID : C6202904**  
 Amount of Each Receipt this Period  
 40.00

**B. JAVIER L SANDOVAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 RANGER RD  
 City State Zip Code  
 Hollis NH 03049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6045906**  
 Amount of Each Receipt this Period  
 100.00

**C. JAVIER L SANDOVAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 RANGER RD  
 City State Zip Code  
 Hollis NH 03049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Income Life Ins. Agent  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6045907**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. JAVIER L SANDOVAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 RANGER RD  
 City Hollis State NH Zip Code 03049  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1200.00

Date of Receipt 09 / 05 / 2013  
**Transaction ID : C6045908**  
 Amount of Each Receipt this Period 100.00

**B. JAVIER L SANDOVAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 RANGER RD  
 City Hollis State NH Zip Code 03049  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1200.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6178098**  
 Amount of Each Receipt this Period 100.00

**C. JAVIER L SANDOVAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 RANGER RD  
 City Hollis State NH Zip Code 03049  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1200.00

Date of Receipt 11 / 05 / 2013  
**Transaction ID : C6178099**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... 300.00  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. JAVIER L SANDOVAL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 RANGER RD

City Hollis State NH Zip Code 03049

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6178100**

Amount of Each Receipt this Period  
100.00

**B. Tim D Schroeder**  
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Summer Spring Dr

City Spring State TX Zip Code 77373

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6039404**

Amount of Each Receipt this Period  
25.00

**C. Tim D Schroeder**  
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Summer Spring Dr

City Spring State TX Zip Code 77373

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6039405**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Tim D Schroeder**  
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Summer Spring Dr

City Spring State TX Zip Code 77373

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039406**

Amount of Each Receipt this Period  
 25.00

**B. Tim D Schroeder**  
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Summer Spring Dr

City Spring State TX Zip Code 77373

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172092**

Amount of Each Receipt this Period  
 25.00

**C. Tim D Schroeder**  
Full Name (Last, First, Middle Initial)

Mailing Address 2302 Summer Spring Dr

City Spring State TX Zip Code 77373

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172093**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Tim D Schroeder**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2302 Summer Spring Dr  
City Spring State TX Zip Code 77373  
FEC ID number of contributing federal political committee. C  
Name of Employer American Income Life Ins. Occupation Insurance Agent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 11 / 05 / 2013  
Transaction ID : C6172094  
Amount of Each Receipt this Period 25.00

**B. Cynthia Schu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5041 SW Prince St  
City Seattle State WA Zip Code 98116-2322  
FEC ID number of contributing federal political committee. C  
Name of Employer LOCAL 8 Occupation S.T./ Org. Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.36

Date of Receipt 07 / 03 / 2013  
Transaction ID : C5931512  
Amount of Each Receipt this Period 10.00

**C. Cynthia Schu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5041 SW Prince St  
City Seattle State WA Zip Code 98116-2322  
FEC ID number of contributing federal political committee. C  
Name of Employer LOCAL 8 Occupation S.T./ Org. Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.36

Date of Receipt 07 / 30 / 2013  
Transaction ID : C5981659  
Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... 45.00  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Cynthia Schu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5041 SW Prince St  
City Seattle State WA Zip Code 98116-2322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 8 Occupation S.T./ Org. Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.36**

Date of Receipt **09 / 04 / 2013**  
**Transaction ID : C6053023**  
Amount of Each Receipt this Period **10.00**

**B. Cynthia Schu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5041 SW Prince St  
City Seattle State WA Zip Code 98116-2322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 8 Occupation S.T./ Org. Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.36**

Date of Receipt **10 / 03 / 2013**  
**Transaction ID : C6125314**  
Amount of Each Receipt this Period **10.00**

**C. Cynthia Schu**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5041 SW Prince St  
City Seattle State WA Zip Code 98116-2322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LOCAL 8 Occupation S.T./ Org. Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.36**

Date of Receipt **10 / 29 / 2013**  
**Transaction ID : C6185171**  
Amount of Each Receipt this Period **58.61**

**SUBTOTAL** of Receipts This Page (optional)..... **78.61**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Cynthia Schu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5041 SW Prince St  
 City Seattle State WA Zip Code 98116-2322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LOCAL 8 Occupation S.T./ Org. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2013  
**Transaction ID : C6185274**  
 Amount of Each Receipt this Period  
 24.00

**B. Cynthia Schu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5041 SW Prince St  
 City Seattle State WA Zip Code 98116-2322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LOCAL 8 Occupation S.T./ Org. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6181913**  
 Amount of Each Receipt this Period  
 10.00

**C. Cynthia Schu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5041 SW Prince St  
 City Seattle State WA Zip Code 98116-2322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LOCAL 8 Occupation S.T./ Org. Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2013  
**Transaction ID : C6196991**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	44.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Cynthia Schu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5041 SW Prince St  
 City Seattle State WA Zip Code 98116-2322  
 FEC ID number of contributing federal political committee. C  
 Name of Employer LOCAL 8 Occupation S.T./ Org. Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 300.36

Date of Receipt 12 / 30 / 2013  
 Transaction ID : C6209223  
 Amount of Each Receipt this Period 10.00

**B. Joe Serrano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6070 Gateway E Suite 5006  
 City El Paso State TX Zip Code 79905  
 FEC ID number of contributing federal political committee. C  
 Name of Employer local 4873 Occupation Bus. Rep.  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 600.00

Date of Receipt 07 / 03 / 2013  
 Transaction ID : C5948568  
 Amount of Each Receipt this Period 50.00

**C. Joe Serrano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6070 Gateway E Suite 5006  
 City El Paso State TX Zip Code 79905  
 FEC ID number of contributing federal political committee. C  
 Name of Employer local 4873 Occupation Bus. Rep.  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 600.00

Date of Receipt 08 / 05 / 2013  
 Transaction ID : C5991759  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... 110.00  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Joe Serrano**  
Full Name (Last, First, Middle Initial)

Mailing Address 6070 Gateway E  
Suite 5006

City El Paso State TX Zip Code 79905

FEC ID number of contributing federal political committee. **C**

Name of Employer local 4873 Occupation Bus. Rep.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
09 / 04 / 2013  
**Transaction ID : C6053188**

Amount of Each Receipt this Period  
50.00

**B. Joe Serrano**  
Full Name (Last, First, Middle Initial)

Mailing Address 6070 Gateway E  
Suite 5006

City El Paso State TX Zip Code 79905

FEC ID number of contributing federal political committee. **C**

Name of Employer local 4873 Occupation Bus. Rep.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
10 / 03 / 2013  
**Transaction ID : C6125297**

Amount of Each Receipt this Period  
50.00

**C. Joe Serrano**  
Full Name (Last, First, Middle Initial)

Mailing Address 6070 Gateway E  
Suite 5006

City El Paso State TX Zip Code 79905

FEC ID number of contributing federal political committee. **C**

Name of Employer local 4873 Occupation Bus. Rep.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6182086**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 241 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Joe Serrano**  
Full Name (Last, First, Middle Initial)

Mailing Address 6070 Gateway E  
Suite 5006

City El Paso State TX Zip Code 79905

FEC ID number of contributing federal political committee. **C**

Name of Employer local 4873 Occupation Bus. Rep.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
12 / 04 / 2013  
**Transaction ID : C6196972**

Amount of Each Receipt this Period  
50.00

**B. Donna Shaffer**  
Full Name (Last, First, Middle Initial)

Mailing Address 17609 N 8th Ave

City Phoenix State AZ Zip Code 85023-2604

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Occupation REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.24

Date of Receipt  
07 / 16 / 2013  
**Transaction ID : C5978028**

Amount of Each Receipt this Period  
38.48

**C. Donna Shaffer**  
Full Name (Last, First, Middle Initial)

Mailing Address 17609 N 8th Ave

City Phoenix State AZ Zip Code 85023-2604

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Occupation REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.24

Date of Receipt  
08 / 12 / 2013  
**Transaction ID : C6003741**

Amount of Each Receipt this Period  
38.48

**SUBTOTAL** of Receipts This Page (optional).....▶ 126.96

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 242 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. Donna Shaffer**

Mailing Address 17609 N 8th Ave

City Phoenix State AZ Zip Code 85023-2604

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Occupation REPRESENTATIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.24**

Date of Receipt  
**09 / 20 / 2013**

**Transaction ID : C6056273**

Amount of Each Receipt this Period  
**38.48**

Full Name (Last, First, Middle Initial)  
**B. Donna Shaffer**

Mailing Address 17609 N 8th Ave

City Phoenix State AZ Zip Code 85023-2604

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Occupation REPRESENTATIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.24**

Date of Receipt  
**10 / 16 / 2013**

**Transaction ID : C6147561**

Amount of Each Receipt this Period  
**38.48**

Full Name (Last, First, Middle Initial)  
**C. Donna Shaffer**

Mailing Address 17609 N 8th Ave

City Phoenix State AZ Zip Code 85023-2604

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Occupation REPRESENTATIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.24**

Date of Receipt  
**11 / 26 / 2013**

**Transaction ID : C6187826**

Amount of Each Receipt this Period  
**57.72**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **134.68**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 243 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Donna Shaffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17609 N 8th Ave  
 City Phoenix State AZ Zip Code 85023-2604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OPEIU Occupation REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 16 / 2013  
**Transaction ID : C6203515**  
 Amount of Each Receipt this Period  
**38.48**

**B. Beth E Snow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4313 Whitehoof Way  
 City Antioch State CA Zip Code 94531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **960.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039428**  
 Amount of Each Receipt this Period  
**80.00**

**C. Beth E Snow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4313 Whitehoof Way  
 City Antioch State CA Zip Code 94531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **960.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039429**  
 Amount of Each Receipt this Period  
**80.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>198.48</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 244 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Beth E Snow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4313 Whitehoof Way  
 City Antioch State CA Zip Code 94531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039430**  
 Amount of Each Receipt this Period  
 80.00

**B. Beth E Snow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4313 Whitehoof Way  
 City Antioch State CA Zip Code 94531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172113**  
 Amount of Each Receipt this Period  
 80.00

**C. Beth E Snow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4313 Whitehoof Way  
 City Antioch State CA Zip Code 94531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172114**  
 Amount of Each Receipt this Period  
 80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Beth E Snow</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6172115</b>
Mailing Address 4313 Whitehoof Way		Amount of Each Receipt this Period 80.00
City Antioch	State CA	Zip Code 94531
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

Full Name (Last, First, Middle Initial) <b>B. Curt D Snow</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6039434</b>
Mailing Address 827 Buckingham Place		Amount of Each Receipt this Period 80.00
City Danville	State CA	Zip Code 94506
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

Full Name (Last, First, Middle Initial) <b>C. Curt D Snow</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6039435</b>
Mailing Address 827 Buckingham Place		Amount of Each Receipt this Period 80.00
City Danville	State CA	Zip Code 94506
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 246 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Curt D Snow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 827 Buckingham Place  
 City Danville State CA Zip Code 94506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039436**  
 Amount of Each Receipt this Period  
 80.00

**B. Curt D Snow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 827 Buckingham Place  
 City Danville State CA Zip Code 94506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172119**  
 Amount of Each Receipt this Period  
 80.00

**C. Curt D Snow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 827 Buckingham Place  
 City Danville State CA Zip Code 94506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172120**  
 Amount of Each Receipt this Period  
 80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 247 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Curt D Snow</b>		Date of Receipt
Mailing Address 827 Buckingham Place		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Danville	CA	94506
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6172121</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="960.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Scott E Sonnenberg</b>		Date of Receipt
Mailing Address 236 Leaf Ln		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Alabaster	AL	35007
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6039455</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Scott E Sonnenberg</b>		Date of Receipt
Mailing Address 236 Leaf Ln		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Alabaster	AL	35007
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6039456</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="280.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 248 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Scott E Sonnenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 Leaf Ln

City Alabaster      State AL      Zip Code 35007

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.      Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6039457**

Amount of Each Receipt this Period  
100.00

**B. Scott E Sonnenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 Leaf Ln

City Alabaster      State AL      Zip Code 35007

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.      Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6172140**

Amount of Each Receipt this Period  
100.00

**C. Scott E Sonnenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 236 Leaf Ln

City Alabaster      State AL      Zip Code 35007

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.      Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6172141**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 249 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Scott E Sonnenberg</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6172142</b>
Mailing Address 236 Leaf Ln		Amount of Each Receipt this Period 100.00
City Alabaster	State AL	Zip Code 35007
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Rona Spano</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013 <b>Transaction ID : C6038395</b>
Mailing Address 8225 Bailey Rd		Amount of Each Receipt this Period 20.00
City Darien	State IL	Zip Code 60561
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Rona Spano</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2013 <b>Transaction ID : C6038396</b>
Mailing Address 8225 Bailey Rd		Amount of Each Receipt this Period 20.00
City Darien	State IL	Zip Code 60561
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 250 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Rona Spano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8225 Bailey Rd  
 City Darien State IL Zip Code 60561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6038397**  
 Amount of Each Receipt this Period  
 20.00

**B. Rona Spano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8225 Bailey Rd  
 City Darien State IL Zip Code 60561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171119**  
 Amount of Each Receipt this Period  
 20.00

**C. Rona Spano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8225 Bailey Rd  
 City Darien State IL Zip Code 60561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171120**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 251 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Rona Spano**  
Full Name (Last, First, Middle Initial)

Mailing Address 8225 Bailey Rd

City Darien State IL Zip Code 60561

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2013**

**Transaction ID : C6171121**

Amount of Each Receipt this Period  
**200.00**

**B. JOHN C SPARBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1731 HICKORY HILL DR

City EAGAN State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6040309**

Amount of Each Receipt this Period  
**40.00**

**C. JOHN C SPARBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1731 HICKORY HILL DR

City EAGAN State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6040310**

Amount of Each Receipt this Period  
**40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. JOHN C SPARBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1731 HICKORY HILL DR

City EAGAN State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 05 / 2013**

**Transaction ID : C6040311**

Amount of Each Receipt this Period  
**40.00**

**B. JOHN C SPARBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1731 HICKORY HILL DR

City EAGAN State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2013**

**Transaction ID : C6172875**

Amount of Each Receipt this Period  
**40.00**

**C. JOHN C SPARBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1731 HICKORY HILL DR

City EAGAN State MN Zip Code 55122

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 05 / 2013**

**Transaction ID : C6172876**

Amount of Each Receipt this Period  
**40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 253 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. JOHN C SPARBY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1731 HICKORY HILL DR  
 City EAGAN State MN Zip Code 55122  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 480.00

Date of Receipt 11 / 05 / 2013  
 Transaction ID : C6172877  
 Amount of Each Receipt this Period 400.00

**B. James M Surace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12301 Ridge Rd  
 City Cleveland State OH Zip Code 44133  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 4992.00

Date of Receipt 09 / 05 / 2013  
 Transaction ID : C6038760  
 Amount of Each Receipt this Period 416.00

**C. James M Surace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12301 Ridge Rd  
 City Cleveland State OH Zip Code 44133  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 4992.00

Date of Receipt 09 / 05 / 2013  
 Transaction ID : C6038761  
 Amount of Each Receipt this Period 416.00

**SUBTOTAL** of Receipts This Page (optional)..... 872.00  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 254 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. James M Surace</b>		Date of Receipt
Mailing Address 12301 Ridge Rd		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Cleveland	State OH	Zip Code 44133
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6038762</b>
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="416.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="4992.00"/>		

Full Name (Last, First, Middle Initial) <b>B. James M Surace</b>		Date of Receipt
Mailing Address 12301 Ridge Rd		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Cleveland	State OH	Zip Code 44133
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6171479</b>
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="416.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="4992.00"/>		

Full Name (Last, First, Middle Initial) <b>C. James M Surace</b>		Date of Receipt
Mailing Address 12301 Ridge Rd		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City Cleveland	State OH	Zip Code 44133
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6171480</b>
Name of Employer American Income Life		Amount of Each Receipt this Period
Occupation Insurance Agent		<input type="text" value="416.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="4992.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1248.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. James M Surace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12301 Ridge Rd  
 City Cleveland State OH Zip Code 44133  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6171481**  
 Amount of Each Receipt this Period  
 416.00

**B. Lily T Tchen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5481 Myra Ave  
 City Cypress State CA Zip Code 90630  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039388**  
 Amount of Each Receipt this Period  
 20.00

**C. Lily T Tchen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5481 Myra Ave  
 City Cypress State CA Zip Code 90630  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039389**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	456.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 256 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Lily T Tchen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5481 Myra Ave  
 City Cypress State CA Zip Code 90630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039390**  
 Amount of Each Receipt this Period  
 20.00

**B. Lily T Tchen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5481 Myra Ave  
 City Cypress State CA Zip Code 90630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172076**  
 Amount of Each Receipt this Period  
 20.00

**C. Lily T Tchen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5481 Myra Ave  
 City Cypress State CA Zip Code 90630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172077**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Lily T Tchen</b>		Date of Receipt
Mailing Address 5481 Myra Ave		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Cypress	CA	90630
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6172081</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Insurance Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. RANDY E TEYSSIER</b>		Date of Receipt
Mailing Address 103 TARTAN RD		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
GIBSONIA	PA	15044
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6046351</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. RANDY E TEYSSIER</b>		Date of Receipt
Mailing Address 103 TARTAN RD		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
GIBSONIA	PA	15044
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6046352</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
American Income Life Ins.	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="420.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Randy E Teyssier</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6039807</b>
Mailing Address 404 Jack Pine Ct		Amount of Each Receipt this Period 200.00
City Gibsonia	State PA	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1400.00
Name of Employer American Income Life Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. RANDY E TEYSSIER</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6178634</b>
Mailing Address 103 TARTAN RD		Amount of Each Receipt this Period 200.00
City GIBSONIA	State PA	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer American Income Life Ins.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. RANDY E TEYSSIER</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6178635</b>
Mailing Address 103 TARTAN RD		Amount of Each Receipt this Period 200.00
City GIBSONIA	State PA	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer American Income Life Ins.	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. RANDY E TEYSSIER</b>		Date of Receipt
Mailing Address 103 TARTAN RD		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
GIBSONIA	PA	15044
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life Ins.	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : <b>C6178636</b>
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>

Full Name (Last, First, Middle Initial) <b>B. JEFFERY P THIEL</b>		Date of Receipt
Mailing Address 12065 WESHIRE PL		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
MARYLAND HEIGHTS	MO	63043
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life Ins.	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	
		Transaction ID : <b>C6040329</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>C. JEFFERY P THIEL</b>		Date of Receipt
Mailing Address 12065 WESHIRE PL		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
MARYLAND HEIGHTS	MO	63043
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life Ins.	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	
		Transaction ID : <b>C6040330</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. JEFFERY P THIEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12065 WESHIRE PL  
 City MARYLAND HEIGHTS State MO Zip Code 63043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6040331**  
 Amount of Each Receipt this Period  
 100.00

**B. JEFFERY P THIEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12065 WESHIRE PL  
 City MARYLAND HEIGHTS State MO Zip Code 63043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 11 / 05 / 2013  
**Transaction ID : C6172891**  
 Amount of Each Receipt this Period  
 100.00

**C. JEFFERY P THIEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12065 WESHIRE PL  
 City MARYLAND HEIGHTS State MO Zip Code 63043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 11 / 05 / 2013  
**Transaction ID : C6172892**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 261 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Krista M Thieme**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16825 N 14Th St #93  
 City Phoenix State AZ Zip Code 85022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039408**  
 Amount of Each Receipt this Period  
 25.00

**B. Krista M Thieme**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16825 N 14Th St #93  
 City Phoenix State AZ Zip Code 85022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039409**  
 Amount of Each Receipt this Period  
 25.00

**C. Krista M Thieme**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16825 N 14Th St #93  
 City Phoenix State AZ Zip Code 85022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039410**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Krista M Thieme**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16825 N 14Th St #93  
 City Phoenix State AZ Zip Code 85022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172095**  
 Amount of Each Receipt this Period  
 25.00

**B. Krista M Thieme**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16825 N 14Th St #93  
 City Phoenix State AZ Zip Code 85022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172096**  
 Amount of Each Receipt this Period  
 25.00

**C. Krista M Thieme**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16825 N 14Th St #93  
 City Phoenix State AZ Zip Code 85022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172097**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 263 OF 305
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Robert A Ulreich</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6038372</b>
Mailing Address 180 Vista Del Mor		Amount of Each Receipt this Period 25.00
City San Rafael	State CA	Zip Code 94901
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Robert A Ulreich</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6038373</b>
Mailing Address 180 Vista Del Mor		Amount of Each Receipt this Period 25.00
City San Rafael	State CA	Zip Code 94901
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Robert A Ulreich</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2013 <b>Transaction ID : C6038374</b>
Mailing Address 180 Vista Del Mor		Amount of Each Receipt this Period 25.00
City San Rafael	State CA	Zip Code 94901
FEC ID number of contributing federal political committee. C	Name of Employer American Income Life	Occupation Insurance Agent
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 264 OF 305 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Robert A Ulreich</b>	Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6171098</b>		
Mailing Address 180 Vista Del Mor	Amount of Each Receipt this Period 25.00		
<table style="width: 100%;"> <tr> <td>City San Rafael</td> <td>State CA</td> <td>Zip Code 94901</td> </tr> </table>		City San Rafael	State CA
City San Rafael	State CA	Zip Code 94901	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 300.00		
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Robert A Ulreich</b>	Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6171099</b>		
Mailing Address 180 Vista Del Mor	Amount of Each Receipt this Period 25.00		
<table style="width: 100%;"> <tr> <td>City San Rafael</td> <td>State CA</td> <td>Zip Code 94901</td> </tr> </table>		City San Rafael	State CA
City San Rafael	State CA	Zip Code 94901	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 300.00		
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Robert A Ulreich</b>	Date of Receipt M M / D D / Y Y Y Y Y 11 / 05 / 2013 <b>Transaction ID : C6171100</b>		
Mailing Address 180 Vista Del Mor	Amount of Each Receipt this Period 25.00		
<table style="width: 100%;"> <tr> <td>City San Rafael</td> <td>State CA</td> <td>Zip Code 94901</td> </tr> </table>		City San Rafael	State CA
City San Rafael	State CA	Zip Code 94901	
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 300.00		
Name of Employer American Income Life		Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	75.00



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Rachelle Valdez**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 208

City Waco	State TX	Zip Code 76703
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6046439**

Amount of Each Receipt this Period  

150.00
--------

**B. Rachelle Valdez**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 208

City Waco	State TX	Zip Code 76703
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life	Occupation Insurance Agent
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6178751**

Amount of Each Receipt this Period  

150.00
--------

**C. DUSTIN VENEKAMP**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4426 S TECHNOLOGY DRIVE

City SIOUX FALLS	State SD	Zip Code 57106
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2013

**Transaction ID : C6041513**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. DUSTIN VENEKAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 4426 S TECHNOLOGY DRIVE

City SIOUX FALLS State SD Zip Code 57106

FEC ID number of contributing federal political committee. C

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6041514**

Amount of Each Receipt this Period  
 100.00

**B. DUSTIN VENEKAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 4426 S TECHNOLOGY DRIVE

City SIOUX FALLS State SD Zip Code 57106

FEC ID number of contributing federal political committee. C

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6041515**

Amount of Each Receipt this Period  
 100.00

**C. DUSTIN VENEKAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 4426 S TECHNOLOGY DRIVE

City SIOUX FALLS State SD Zip Code 57106

FEC ID number of contributing federal political committee. C

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 11 / 05 / 2013  
**Transaction ID : C6173762**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. DUSTIN VENEKAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 4426 S TECHNOLOGY DRIVE

City SIOUX FALLS	State SD	Zip Code 57106
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

**Transaction ID : C6173763**

Amount of Each Receipt this Period  
100.00

**B. Denice Washington**  
Full Name (Last, First, Middle Initial)

Mailing Address 1545 69th Ave

City Oakland	State CA	Zip Code 94621
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Local 29	Occupation Business Representative
------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2013

**Transaction ID : C5948257**

Amount of Each Receipt this Period  
40.00

**C. Denice Washington**  
Full Name (Last, First, Middle Initial)

Mailing Address 1545 69th Ave

City Oakland	State CA	Zip Code 94621
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer OPEIU Local 29	Occupation Business Representative
------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2013

**Transaction ID : C6005079**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Denice Washington</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2013 <b>Transaction ID : C6053286</b>
Mailing Address 1545 69th Ave		Amount of Each Receipt this Period 50.00
City Oakland	State CA	Zip Code 94621
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU Local 29	Occupation Business Representative
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Denice Washington</b>		Date of Receipt MM / DD / YYYY 10 / 10 / 2013 <b>Transaction ID : C6141830</b>
Mailing Address 1545 69th Ave		Amount of Each Receipt this Period 40.00
City Oakland	State CA	Zip Code 94621
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU Local 29	Occupation Business Representative
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. Denice Washington</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6182071</b>
Mailing Address 1545 69th Ave		Amount of Each Receipt this Period 50.00
City Oakland	State CA	Zip Code 94621
FEC ID number of contributing federal political committee. C	Name of Employer OPEIU Local 29	Occupation Business Representative
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 269 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)  
**A. Denice Washington**

Mailing Address 1545 69th Ave

City State Zip Code  
Oakland CA 94621

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
OPEIU Local 29 Business Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6202911**

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**B. JAMI WEATHERSPOON JR**

Mailing Address 9880 WESTPOINT DR STE 500

City State Zip Code  
INDIANAPOLIS IN 46256

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6041186**

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C. JAMI WEATHERSPOON JR**

Mailing Address 9880 WESTPOINT DR STE 500

City State Zip Code  
INDIANAPOLIS IN 46256

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Income Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6041187**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="140.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 270 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. JAMI WEATHERSPOON JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6041188**

Amount of Each Receipt this Period

**B. JAMI WEATHERSPOON JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6173538**

Amount of Each Receipt this Period

**C. JAMI WEATHERSPOON JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 9880 WESTPOINT DR STE 500

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Insurance	Occupation Agent
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6173539**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. JAMI WEATHERSPOON JR</b>		Date of Receipt
Mailing Address 9880 WESTPOINT DR STE 500		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
INDIANAPOLIS	IN	46256
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	
		Transaction ID : C6173540
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>

Full Name (Last, First, Middle Initial) <b>B. JEREMY WELCH</b>		Date of Receipt
Mailing Address 5111 NATALIE DR		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
BRYANT	AR	72022
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	
		Transaction ID : C6040865
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) <b>C. JEREMY WELCH</b>		Date of Receipt
Mailing Address 5111 NATALIE DR		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
BRYANT	AR	72022
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Income Life Insurance	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	
		Transaction ID : C6040866
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="250.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 272 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. JEREMY WELCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 5111 NATALIE DR

City BRYANT State AR Zip Code 72022

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6040867**

Amount of Each Receipt this Period  
 100.00

**B. JEREMY WELCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 5111 NATALIE DR

City BRYANT State AR Zip Code 72022

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173313**

Amount of Each Receipt this Period  
 100.00

**C. JEREMY WELCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 5111 NATALIE DR

City BRYANT State AR Zip Code 72022

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6173314**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. JEREMY WELCH</b>		Date of Receipt
Mailing Address 5111 NATALIE DR		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
BRYANT	AR	72022
FEC ID number of contributing federal political committee.		<b>Transaction ID : C6173315</b>
Name of Employer		Amount of Each Receipt this Period
American Income Life Insurance		<input type="text" value="100.00"/>
Occupation		
Agent		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1100.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jacqueline K White-Brown</b>		Date of Receipt
Mailing Address 128 W Olive Ave		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City	State	Zip Code
Monrovia	CA	91016-3410
FEC ID number of contributing federal political committee.		<b>Transaction ID : C5931480</b>
Name of Employer		Amount of Each Receipt this Period
OPEIU LOCAL 537		<input type="text" value="40.00"/>
Occupation		
Sec.Treas./Bus. Mgr.		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="530.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jacqueline K White-Brown</b>		Date of Receipt
Mailing Address 128 W Olive Ave		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Monrovia	CA	91016-3410
FEC ID number of contributing federal political committee.		<b>Transaction ID : C5991734</b>
Name of Employer		Amount of Each Receipt this Period
OPEIU LOCAL 537		<input type="text" value="50.00"/>
Occupation		
Sec.Treas./Bus. Mgr.		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="530.00"/>
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="190.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. Jacqueline K White-Brown</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2013 <b>Transaction ID : C6053176</b>
Mailing Address 128 W Olive Ave		Amount of Each Receipt this Period 50.00
City Monrovia	State CA	Zip Code 91016-3410
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU LOCAL 537	Occupation Sec.Treas./Bus. Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

Full Name (Last, First, Middle Initial) <b>B. Jacqueline K White-Brown</b>		Date of Receipt MM / DD / YYYY 10 / 03 / 2013 <b>Transaction ID : C6120423</b>
Mailing Address 128 W Olive Ave		Amount of Each Receipt this Period 40.00
City Monrovia	State CA	Zip Code 91016-3410
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU LOCAL 537	Occupation Sec.Treas./Bus. Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

Full Name (Last, First, Middle Initial) <b>C. Jacqueline K White-Brown</b>		Date of Receipt MM / DD / YYYY 11 / 05 / 2013 <b>Transaction ID : C6181883</b>
Mailing Address 128 W Olive Ave		Amount of Each Receipt this Period 40.00
City Monrovia	State CA	Zip Code 91016-3410
FEC ID number of contributing federal political committee. C		
Name of Employer OPEIU LOCAL 537	Occupation Sec.Treas./Bus. Mgr.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Jacqueline K White-Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 128 W Olive Ave  
 City Monrovia State CA Zip Code 91016-3410  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OPEIU LOCAL 537 Occupation Sec.Treas./Bus. Mgr.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2013  
**Transaction ID : C6196961**  
 Amount of Each Receipt this Period  
 50.00

**B. Cynthia J Wilhelmi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2912 S Louise Ave #105  
 City Sioux Falls State SD Zip Code 57106  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039458**  
 Amount of Each Receipt this Period  
 100.00

**C. Cynthia J Wilhelmi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2912 S Louise Ave #105  
 City Sioux Falls State SD Zip Code 57106  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039459**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 276 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Cynthia J Wilhelmi**  
Full Name (Last, First, Middle Initial)

Mailing Address 2912 S Louise Ave #105

City State Zip Code  
Sioux Falls SD 57106

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Income Life Ins. Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6039460**

Amount of Each Receipt this Period

**B. Cynthia J Wilhelmi**  
Full Name (Last, First, Middle Initial)

Mailing Address 2912 S Louise Ave #105

City State Zip Code  
Sioux Falls SD 57106

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Income Life Ins. Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6172143**

Amount of Each Receipt this Period

**C. Cynthia J Wilhelmi**  
Full Name (Last, First, Middle Initial)

Mailing Address 2912 S Louise Ave #105

City State Zip Code  
Sioux Falls SD 57106

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
American Income Life Ins. Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /   
**Transaction ID : C6172144**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 277 OF 305
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial) <b>A. Cynthia J Wilhelmi</b>		Date of Receipt
Mailing Address 2912 S Louise Ave #105		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City State Zip Code Sioux Falls SD 57106		<b>Transaction ID : C6172145</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Tom Williams</b>		Date of Receipt
Mailing Address 300 S Pine Island Rd Ste 308		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City State Zip Code Plantation FL 33324		<b>Transaction ID : C6039467</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2210.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Tom Williams</b>		Date of Receipt
Mailing Address 300 S Pine Island Rd Ste 308		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City State Zip Code Plantation FL 33324		<b>Transaction ID : C6039468</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer American Income Life Ins.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2210.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="310.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Tom Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2210.00

Date of Receipt  
 09 / 05 / 2013  
**Transaction ID : C6039469**

Amount of Each Receipt this Period  
200.00

**B. Tom Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2210.00

Date of Receipt  
 11 / 05 / 2013  
**Transaction ID : C6172152**

Amount of Each Receipt this Period  
200.00

**C. Tom Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2210.00

Date of Receipt  
 11 / 05 / 2013  
**Transaction ID : C6172153**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 279 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. Tom Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation State FL Zip Code 33324

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2210.00**

Date of Receipt  
11 / 05 / 2013  
**Transaction ID : C6172154**

Amount of Each Receipt this Period  
**200.00**

**B. GEVORG YANUKYAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 202 LEE ST

City Elmwood Park State NJ Zip Code 07407

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6046768**

Amount of Each Receipt this Period  
**100.00**

**C. GEVORG YANUKYAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 202 LEE ST

City Elmwood Park State NJ Zip Code 07407

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins. Occupation Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
09 / 05 / 2013  
**Transaction ID : C6046769**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 280 OF 305  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. GEVORG YANUKYAN**

Mailing Address 202 LEE ST

City Elmwood Park      State NJ      Zip Code 07407

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.      Occupation Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**09 / 05 / 2013**

**Transaction ID : C6046770**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. GEVORG YANUKYAN**

Mailing Address 202 LEE ST

City Elmwood Park      State NJ      Zip Code 07407

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.      Occupation Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**11 / 05 / 2013**

**Transaction ID : C6179135**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. GEVORG YANUKYAN**

Mailing Address 202 LEE ST

City Elmwood Park      State NJ      Zip Code 07407

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.      Occupation Agent

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**11 / 05 / 2013**

**Transaction ID : C6179136**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **300.00**

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 281 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. GEVORG YANUKYAN</b>		Date of Receipt
Mailing Address 202 LEE ST		M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2013
City	State	Zip Code
Elmwood Park	NJ	07407
FEC ID number of contributing federal political committee.		Transaction ID : <b>C6179137</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		100.00
Name of Employer	Occupation	
American Income Life Ins.	Agent	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	600.00	

Full Name (Last, First, Middle Initial) <b>B. Wilma Zimmerman</b>		Date of Receipt
Mailing Address PO Box 22699		M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2013
City	State	Zip Code
Savannah	GA	31403
FEC ID number of contributing federal political committee.		Transaction ID : <b>C5948576</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		50.00
Name of Employer	Occupation	
OPEIU Local 4873	Rep (KY)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	600.00	

Full Name (Last, First, Middle Initial) <b>C. Wilma Zimmerman</b>		Date of Receipt
Mailing Address PO Box 22699		M M M / D D D / Y Y Y Y Y Y 08 / 05 / 2013
City	State	Zip Code
Savannah	GA	31403
FEC ID number of contributing federal political committee.		Transaction ID : <b>C5991767</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		50.00
Name of Employer	Occupation	
OPEIU Local 4873	Rep (KY)	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 282 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Wilma Zimmerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 22699  
 City Savannah State GA Zip Code 31403  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OPEIU Local 4873 Occupation Rep (KY)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2013  
**Transaction ID : C6053196**  
 Amount of Each Receipt this Period  
 50.00

**B. Wilma Zimmerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 22699  
 City Savannah State GA Zip Code 31403  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OPEIU Local 4873 Occupation Rep (KY)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2013  
**Transaction ID : C6125305**  
 Amount of Each Receipt this Period  
 50.00

**C. Wilma Zimmerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 22699  
 City Savannah State GA Zip Code 31403  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OPEIU Local 4873 Occupation Rep (KY)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6182089**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 283 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. Wilma Zimmerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 22699  
 City Savannah State GA Zip Code 31403  
 FEC ID number of contributing federal political committee. C  
 Name of Employer OPEIU Local 4873 Occupation Rep (KY)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2013  
**Transaction ID : C6196980**  
 Amount of Each Receipt this Period  
 500.00

**B. David S Zophin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 S Pine Island Rd Ste 308  
 City Plantation State FL Zip Code 33324  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039470**  
 Amount of Each Receipt this Period  
 200.00

**c. David S Zophin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 S Pine Island Rd Ste 308  
 City Plantation State FL Zip Code 33324  
 FEC ID number of contributing federal political committee. C  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039471**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 284 OF 305
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

**A. David S Zophin**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 05 / 2013  
**Transaction ID : C6039472**

Amount of Each Receipt this Period  
200.00

**B. David S Zophin**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172155**

Amount of Each Receipt this Period  
200.00

**c. David S Zophin**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 S Pine Island Rd Ste 308

City Plantation	State FL	Zip Code 33324
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Income Life Ins.	Occupation Insurance Agent
---	-------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172156**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 285 OF 305  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

**A. David S Zophin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 S Pine Island Rd Ste 308  
 City Plantation State FL Zip Code 33324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Income Life Ins. Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : C6172157**  
 Amount of Each Receipt this Period  
 200.00

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	76781.15

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 286 OF 305
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial) <b>A. CITIBANK, F.S.B.</b>		Date of Receipt
Mailing Address 1101 Pennsylvania Avenue, N.W.		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6024023</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="25.66"/>
		<input type="text" value="316.30"/>

Full Name (Last, First, Middle Initial) <b>B. CITIBANK, F.S.B.</b>		Date of Receipt
Mailing Address 1101 Pennsylvania Avenue, N.W.		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6145889</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="25.46"/>
		<input type="text" value="316.30"/>

Full Name (Last, First, Middle Initial) <b>C. CITIBANK, F.S.B.</b>		Date of Receipt
Mailing Address 1101 Pennsylvania Avenue, N.W.		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C6145890</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="25.08"/>
		<input type="text" value="316.30"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="76.20"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 287 OF 305  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)**

Full Name (Last, First, Middle Initial)  
**A. CITIBANK, F.S.B.**  
 Mailing Address 1101 Pennsylvania Avenue, N.W.  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 316.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013  
**Transaction ID : C6206309**  
 Amount of Each Receipt this Period  
 30.29

Full Name (Last, First, Middle Initial)  
**B. CITIBANK, F.S.B.**  
 Mailing Address 1101 Pennsylvania Avenue, N.W.  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 316.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2013  
**Transaction ID : C6206311**  
 Amount of Each Receipt this Period  
 30.02

Full Name (Last, First, Middle Initial)  
**C. CITIBANK, F.S.B.**  
 Mailing Address 1101 Pennsylvania Avenue, N.W.  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 316.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : C6213088**  
 Amount of Each Receipt this Period  
 31.03

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.34
<b>TOTAL</b> This Period (last page this line number only).....▶	167.54

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. NGP Software**

Mailing Address 1101 15th St, NW Suite 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
PAC Software

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Filing Software**

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2013

**Transaction ID : D324225**

Amount of Each Disbursement this Period

1125.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1125.00

1125.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. ALASKA DEMOCRATIC PARTY**

Mailing Address 2602 FAIRBANKS ST

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement  
General, AK

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2013

Transaction ID : D326828

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. ALEX SINK FOR CONGRESS**

Mailing Address PO BOX 17271

City CLEARWATER State FL Zip Code 33762

Purpose of Disbursement  
Congress, FL, 13

011

Candidate Name

ALEX SINK

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2013

Transaction ID : D326683

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Alison for Kentucky**

Mailing Address 340 DEMOCRAT DRIVE

City FRANKFORT State KY Zip Code 40601

Purpose of Disbursement  
US Senate, KY

011

Candidate Name

ALISON LUNDERGAN GRIMES

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: KY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	08	/	2013

Transaction ID : D324620

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00
---------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. ANNIE KUSTER VICTORY FUND**

Mailing Address 1 PARK ROW 5TH FL

City PROVIDENCE State RI Zip Code 02903

Purpose of Disbursement  
Congress, NH, 02

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2013			

Transaction ID : D326706

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR BOYLE**

Mailing Address PO BOX 11545

City PHILADELPHIA State PA Zip Code 19116

Purpose of Disbursement  
Congress, PA, Primary

011

Category/  
Type

Candidate Name

**BRENDAN F BOYLE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			26			2013			

Transaction ID : D326840

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ELIZABETH ESTY**

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement  
Congress, CT, 05

Category/  
Type

Candidate Name

**ELIZABETH ESTY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2013			

Transaction ID : D326705

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00
---------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. ERIN BILBRAY FOR CONGRESS**

Mailing Address 9101 W SAHARA AVE STE 105 B20

City LAS VEGAS State NV Zip Code 89117

Purpose of Disbursement  
Congress, NV, 03

011

Candidate Name

ERIN BILBRAY KOHN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2013

Transaction ID : D326687

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. GARAMENDI FOR CONGRESS**

Mailing Address C/O CALIFORNIA POLITICAL LAW, INC.  
3605 LONG BEACH BLVD., STE. 426

City LONG BEACH State CA Zip Code 90807

Purpose of Disbursement  
Congress, 3rd, Primary

011

Candidate Name

JOHN GARAMENDI

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	18	/	2013

Transaction ID : D318446

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. JENNIFER GARRISON FOR CONGRESS**

Mailing Address 427 5TH ST

City MARIETTA State OH Zip Code 45750

Purpose of Disbursement  
Congress, OH 06

011

Candidate Name

JENNIFER D GARRISON

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	12	/	2013

Transaction ID : D326692

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00
---------

**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. CANNON FOR CONGRESS**

Mailing Address PO BOX 954

City TRVERSE CITY State MI Zip Code 49685

Purpose of Disbursement Congress, MI, 01

Candidate Name

**JERRY CANNON**

Office Sought:  House  Senate  President

State: MI District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2013			

Transaction ID : D344164

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Jerry McNerney**

Mailing Address 6520 Village Parkway  
2nd Floor

City Dublin State CA Zip Code 94568

Purpose of Disbursement Congress, 9th, CA

Candidate Name

**Jerry McNerney**

Office Sought:  House  Senate  President

State: CA District: 11

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2013			

Transaction ID : D327594

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. JOE MIKLOSI FOR CONGRESS**

Mailing Address PO BOX 3975

City GREENWOOD VILLAGE State CO Zip Code 80155

Purpose of Disbursement Congress, 6th, CO

Candidate Name

**JOE MIKLOSI**

Office Sought:  House  Senate  President

State: CO District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2013			

Transaction ID : D319798

Amount of Each Disbursement this Period

-1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. MONTANANS FOR LEWIS**

Mailing Address PO BOX 1916

City BILLINGS State MT Zip Code 59103

Purpose of Disbursement Congress, MT-AL

011

Candidate Name

JOHN LEWIS

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: MT District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2013

Transaction ID : D326700

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. KEEP NICK RAHALL IN CONGRESS COMMITTEE**

Mailing Address P O BOX 64

City BECKLEY State WV Zip Code 25802

Purpose of Disbursement 3rd District - WV

011

Candidate Name

NICK JOE II RAHALL

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: WV District: 03

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2013

Transaction ID : D319794

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

**C. KYRSTEN SINEMA FOR CONGRESS**

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement Congress, AZ, Primary

011

Candidate Name

KYRSTEN SINEMA

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2013

Transaction ID : D326679

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. Loretta Sanchez**

Mailing Address 604 S. Harbor Blvd.

City Santa Ana State CA Zip Code 92704

Purpose of Disbursement  
CA 47 General

011

Candidate Name

Loretta Sanchez

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 47

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2013

Transaction ID : D321612

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Mark Begish**

Mailing Address PO BOX 410

City PALMER State AK Zip Code 99645

Purpose of Disbursement  
US Senate AK

011

Candidate Name

MARK BEGICH

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2013

Transaction ID : D326827

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mark Begish**

Mailing Address PO BOX 410

City PALMER State AK Zip Code 99645

Purpose of Disbursement  
US Senate AK

011

Candidate Name

MARK BEGICH

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2013

Transaction ID : D344069

Amount of Each Disbursement this Period

4000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO ELECT MARTHA ROBERTSON**

Mailing Address PO BOX 54

City DRYDEN State NY Zip Code 13053

Purpose of Disbursement  
Congress, NY,23

Candidate Name  
**MARTHA ROBERTSON**

Office Sought:  House  
 Senate  
 President  
State: NY District: 23

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2013

Transaction ID : D326703

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Moran For Congress**

Mailing Address 311 NORTH WASHINGTON STREET  
SUITE 200L

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Congress, 8th VA

Candidate Name  
**JAMES P. JR. MORAN JR**

Office Sought:  House  
 Senate  
 President  
State: VA District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2013

Transaction ID : D327597

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. NANCY PELOSI FOR CONGRESS**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Congress, Primary

Candidate Name  
**NANCY PELOSI**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2013

Transaction ID : D324622

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. NEIL ABERCROMBIE**

Mailing Address 1050 Ala Moana Blvd  
Suite 2150

City Honolulu State HI Zip Code 96814

Purpose of Disbursement  
HI GOVERNOR

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2013			

Transaction ID : D327624

Amount of Each Disbursement this Period

-6000.00
----------

Full Name (Last, First, Middle Initial)

**B. PACE FOR CONGRESS**

Mailing Address PO BOX 1510

City PUEBLO State CO Zip Code 81002

Purpose of Disbursement  
Congress, 3rd, CO

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2013			

Transaction ID : D319799

Amount of Each Disbursement this Period

-1000.00
----------

Full Name (Last, First, Middle Initial)

**C. PAM BYRNES FOR CONGRESS**

Mailing Address PO BOX 485

City DEXTER State MI Zip Code 48130

Purpose of Disbursement  
Congress, MI, 07

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			12			2013			

Transaction ID : D326688

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

-4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. PERLMUTTER FOR CONGRESS**

Mailing Address 3440 YOUNGFIELD STREET  
#264

City WHEAT RIDGE State CO Zip Code 80033

Purpose of Disbursement  
Congress, 7th, CO

011

Candidate Name

EDWIN G PERLMUTTER

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CO District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2013

Transaction ID : D319797

Amount of Each Disbursement this Period

-1000.00
----------

Full Name (Last, First, Middle Initial)

**B. Roxanne Lara**

Mailing Address PO BOX 2326

City CARLSBAD State NM Zip Code 88221

Purpose of Disbursement  
Congress, NM, 02

011

Candidate Name

Roxanne Lara 2014

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NM District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2013

Transaction ID : D326699

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. SESTAK FOR CONGRESS**

Mailing Address P.O. Box 16

City Media State PA Zip Code 19063

Purpose of Disbursement  
Congress PA, 7th

011

Candidate Name

Joe Sestak

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 07

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : D321614

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. SHAFFER FOR COLORADO**

Mailing Address PO BOX 1181

City LONGMONT State CO Zip Code 80502

Purpose of Disbursement  
Congress, 4th, CO

011

Candidate Name

BRANDON SHAFFER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	3

Transaction ID : D319800

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. APPEL FOR IOWA INC**

Mailing Address PO BOX 702

City DES MOINES State IA Zip Code 50303

Purpose of Disbursement  
Congress, IA, 03

011

Candidate Name

STACI APPEL

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	2		2	0	1	3

Transaction ID : D326684

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. SUZANNE PATRICK FOR CONGRESS**

Mailing Address PO BOX 3095

City VIRGINIA BEACH State VA Zip Code 23454

Purpose of Disbursement  
Congress, VA, 02

011

Candidate Name

SUZANNE D PATRICK

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	2		2	0	1	3

Transaction ID : D326701

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. CITIBANK, F.S.B.**

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2013

Transaction ID : D319801

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**B. CITIBANK, F.S.B.**

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 31 / 2013

Transaction ID : D327633

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

**C. CITIBANK, F.S.B.**

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2013

Transaction ID : D327623

Amount of Each Disbursement this Period

20.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

60.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. CITIBANK, F.S.B.**

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2013

Transaction ID : D326837

Amount of Each Disbursement this Period

57.45

**B. CITIBANK, F.S.B.**

Full Name (Last, First, Middle Initial)

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 31 / 2013

Transaction ID : D326838

Amount of Each Disbursement this Period

57.45

**C. CITIBANK, F.S.B.**

Full Name (Last, First, Middle Initial)

Mailing Address 1101 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Bank Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2013

Transaction ID : D326839

Amount of Each Disbursement this Period

20.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

134.90

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Representative Harold Naughton**

Mailing Address 200 High Street

City Clinton State MA Zip Code 01510

Purpose of Disbursement  
State Representative - MA

011

Candidate Name

Harold Naughton

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District:

Date of Disbursement

MM / DD / YYYY  
12 / 13 / 2013

Transaction ID : D326680

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jim Frazier For Assembly**

Mailing Address 2401 Waterman Blvd #4  
PMB 104

City Fairfield State CA Zip Code 94533

Purpose of Disbursement  
11th District Assembly, CA

Category/  
Type

Candidate Name

Jim Frazier

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2013

Transaction ID : D322056

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Mark Schauer for Governor**

Mailing Address PO Box 100

City Battle Creek State MI Zip Code 49016

Purpose of Disbursement  
Governor - MI

011

Candidate Name

Mark Schauer

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY  
08 / 08 / 2013

Transaction ID : D319165

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1450.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. Dan McCrory**

Mailing Address PO Box 280938

City Northridge State CA Zip Code 91328

Purpose of Disbursement CA 45th District State Assembly

Candidate Name

**Dan McCrory**

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2013

**Transaction ID : D319431**

Amount of Each Disbursement this Period

2,000.00
----------

Full Name (Last, First, Middle Initial)

**B. NEIL ABERCROMBIE**

Mailing Address 1050 Ala Moana Blvd Suite 2150

City Honolulu State HI Zip Code 96814

Purpose of Disbursement HI GOVERNOR

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2013

**Transaction ID : D327625**

Amount of Each Disbursement this Period

6,000.00
----------

Full Name (Last, First, Middle Initial)

**C. New Yorkers for de Blasio**

Mailing Address 32 Court Street, #901

City Brooklyn State NY Zip Code 11201

Purpose of Disbursement New York Mayor

Candidate Name

**Bill de Blasio**

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2013

**Transaction ID : D323596**

Amount of Each Disbursement this Period

4,950.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

12,950.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union (OPEIU) JB Moss Voice of the Electorate (VOTE)

Full Name (Last, First, Middle Initial)

**A. San Diego Works!**

Mailing Address 4305 University Avenue

City San Diego State CA Zip Code 92105

Purpose of Disbursement  
San Diego Mayor, CA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2013

Transaction ID : D321607

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Susan Bonilla for Assembly**

Mailing Address 4425-C Treat Blvd #139

City Concord State CA Zip Code 94521

Purpose of Disbursement  
CA State Assembly, 14th

Candidate Name

Susan Bonilla

Office Sought:  House  Senate  President  
State: CA District: 14

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2013

Transaction ID : D321617

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Terry McAuliffe for Governor**

Mailing Address PO Box 13881

City Arlington State VA Zip Code 22219

Purpose of Disbursement  
Governor, VA, Primary

Candidate Name

Office Sought:  House  Senate  President  
State: VA District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2013

Transaction ID : D317993

Amount of Each Disbursement this Period

10000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

15500.00

30094.90