

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Florida AFL-CIO
Mailing Address c/o Mike Williams 135 S. Monroe Street
City Tallahassee State FL Zip Code 32301
Purpose of Expenditure In-Kind Staff Category/Type 004

Date of Public Distribution/Dissemination 02 / 19 / 2014
Amount 163.02
Transaction ID : D520486
Date of Disbursement or Obligation 02 / 19 / 2014

Name of Federal Candidate ALEX SINK
[X] Support [] Oppose
Office Sought: [X] House [] President [] Senate
District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 2774.07

Disbursement For: [] Primary [] General 2014
[X] Other (specify)

Full Name of Payee Florida AFL-CIO
Mailing Address c/o Mike Williams 135 S. Monroe Street
City Tallahassee State FL Zip Code 32301
Purpose of Expenditure In-Kind Staff Category/Type 004

Date of Public Distribution/Dissemination 02 / 20 / 2014
Amount 277.30
Transaction ID : D520487
Date of Disbursement or Obligation 02 / 20 / 2014

Name of Federal Candidate ALEX SINK
[X] Support [] Oppose
Office Sought: [X] House [] President [] Senate
District: 13 State: FL
Calendar Year-To-Date Per Election for Office Sought 2774.07

Disbursement For: [] Primary [] General 2014
[X] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 440.32, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures

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

Ms. Elizabeth H Shuler

Signature

[Electronically Filed]

Date

02 / 23 / 2014

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C00484287
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee Florida AFL-CIO
Mailing Address c/o Mike Williams 135 S. Monroe Street
City Tallahassee State FL Zip Code 32301
Purpose of Expenditure In-Kind Staff Category/Type 004
Name of Federal Candidate ALEX SINK [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 2774.07

Date of Public Distribution/Dissemination 02 / 21 / 2014
Amount 277.30
Transaction ID : D520488
Date of Disbursement or Obligation 02 / 21 / 2014
Office Sought: [X] House District: 13
[] President [] Senate State: FL
Disbursement For: [] Primary [] General 2014 [X] Other (specify)

Full Name of Payee Florida AFL-CIO
Mailing Address c/o Mike Williams 135 S. Monroe Street
City Tallahassee State FL Zip Code 32301
Purpose of Expenditure In-Kind Staff Category/Type 004
Name of Federal Candidate ALEX SINK [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 2774.07

Date of Public Distribution/Dissemination 02 / 22 / 2014
Amount 637.30
Transaction ID : D520489
Date of Disbursement or Obligation 02 / 22 / 2014
Office Sought: [X] House District: 13
[] President [] Senate State: FL
Disbursement For: [] Primary [] General 2014 [X] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 914.60
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Elizabeth H Shuler [Electronically Filed] Date 02 / 23 / 2014
Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

NAME OF COMMITTEE (In Full) Workers' Voice
FEC IDENTIFICATION NUMBER C C00484287
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee AFL-CIO
Mailing Address 815 - 16th Street, NW
City Washington State DC Zip Code 20006
Purpose of Expenditure Reimburse Walk Product Category/Type 004
Name of Federal Candidate ALEX SINK [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 2774.07

Date of Public Distribution/Dissemination 02 / 22 / 2014
Amount 29.51
Transaction ID : D520531
Date of Disbursement or Obligation 02 / 22 / 2014
Office Sought: [X] House District: 13
[] President [] Senate State: FL
Disbursement For: [] Primary [] General 2014 [X] Other (specify)

Full Name of Payee Mosaic
Mailing Address 4801 Viewpoint Place
City Cheverly State MD Zip Code 20781
Purpose of Expenditure Fliers Category/Type 004
Name of Federal Candidate ALEX SINK [X] Support [] Oppose
Calendar Year-To-Date Per Election for Office Sought 2774.07

Date of Public Distribution/Dissemination 02 / 22 / 2014
Amount 225.00
Transaction ID : D520532
Date of Disbursement or Obligation 02 / 22 / 2014
Office Sought: [X] House District: 13
[] President [] Senate State: FL
Disbursement For: [] Primary [] General 2014 [X] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 254.51, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 1609.43

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
Ms. Elizabeth H Shuler [Electronically Filed] Date 02 / 23 / 2014