

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)

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on 03 / 04 / 2014 in the State of TX

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period 01 / 01 / 2014 through 02 / 12 / 2014

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 02 / 15 / 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="2014"/>		<input type="text" value="815905.63"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="815905.63"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="81416.40"/>	<input type="text" value="81416.40"/>
(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="897322.03"/>	<input type="text" value="897322.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="56975.00"/>	<input type="text" value="56975.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="840347.03"/>	<input type="text" value="840347.03"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	27666.00	27666.00
(ii) Unitemized	53731.42	53731.42
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	81397.42	81397.42
(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)	81397.42	81397.42
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.).....	18.98	18.98
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))..... ▶	81416.40	81416.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	81416.40	81416.40

DETAILED SUMMARY PAGE

of Disbursements

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	1225.00	1225.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1225.00	1225.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50500.00	50500.00
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	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements	5250.00	5250.00
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)) ..	56975.00	56975.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56975.00	56975.00

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)	81397.42	81397.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	81397.42	81397.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1225.00	1225.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1225.00	1225.00

**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 67
<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.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : C6324195
 Amount of Each Receipt this Period

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.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : C6324196
 Amount of Each Receipt this Period

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.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : C6324197
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="300.00"/>
TOTAL 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 7 OF 67
(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. Richard JR Altig JR			Date of Receipt MM / DD / YYYY 01 / 21 / 2014 Transaction ID : C6322550		
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 ▼ 1248.00			

Full Name (Last, First, Middle Initial) B. Richard JR Altig JR			Date of Receipt MM / DD / YYYY 01 / 21 / 2014 Transaction ID : C6322551		
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 ▼ 1248.00			

Full Name (Last, First, Middle Initial) C. Richard JR Altig JR			Date of Receipt MM / DD / YYYY 01 / 21 / 2014 Transaction ID : C6322552		
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 ▼ 1248.00			

SUBTOTAL of Receipts This Page (optional).....▶	1248.00
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 67
	<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. 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 ▼ 300.00

Date of Receipt
 01 / 21 / 2014
Transaction ID : C6324089

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 ▼ 300.00

Date of Receipt
 01 / 21 / 2014
Transaction ID : C6324090

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 ▼ 300.00

Date of Receipt
 01 / 21 / 2014
Transaction ID : C6324091

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 9 OF 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	21	/	2014

Transaction ID : C6323120

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
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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	/	D D	/	Y Y Y Y
01	/	21	/	2014

Transaction ID : C6323121

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 ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	21	/	2014

Transaction ID : C6323122

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 10 OF 67
	<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 P BROWN
Full Name (Last, First, Middle Initial)
Mailing Address 1706 15TH ST NW
City WINTER HAVEN State FL Zip Code 33881
FEC ID number of contributing federal political committee. C
Name of Employer American Income Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 21 / 2014
Transaction ID : C6327576
Amount of Each Receipt this Period 100.00

B. DORIAN P BROWN
Full Name (Last, First, Middle Initial)
Mailing Address 1706 15TH ST NW
City WINTER HAVEN State FL Zip Code 33881
FEC ID number of contributing federal political committee. C
Name of Employer American Income Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 21 / 2014
Transaction ID : C6327577
Amount of Each Receipt this Period 100.00

C. DORIAN P BROWN
Full Name (Last, First, Middle Initial)
Mailing Address 1706 15TH ST NW
City WINTER HAVEN State FL Zip Code 33881
FEC ID number of contributing federal political committee. C
Name of Employer American Income Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 21 / 2014
Transaction ID : C6327578
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 11 OF 67
(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. 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. C
 Name of Employer Occupation
 National Income Life Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6322914
 Amount of Each Receipt this Period
 100.00

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. C
 Name of Employer Occupation
 National Income Life Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6322915
 Amount of Each Receipt this Period
 100.00

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. C
 Name of Employer Occupation
 National Income Life Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6322916
 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 12 OF 67
<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. Eric L Cochran		Date of Receipt
Mailing Address 1301 Se Princeton PI		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Lees Summit State MO Zip Code 64081		Transaction ID : C6322513
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 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="300.00"/>	

Full Name (Last, First, Middle Initial) B. Eric L Cochran		Date of Receipt
Mailing Address 1301 Se Princeton PI		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Lees Summit State MO Zip Code 64081		Transaction ID : C6322514
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 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="300.00"/>	

Full Name (Last, First, Middle Initial) C. Eric L Cochran		Date of Receipt
Mailing Address 1301 Se Princeton PI		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Lees Summit State MO Zip Code 64081		Transaction ID : C6322515
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 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="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL 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 13 OF 67
	<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
-----------------------------	-----------------------------	-----------------------------

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 ▼
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014

Transaction ID : C6321900

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 ▼
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014

Transaction ID : C6321901

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 ▼
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014

Transaction ID : C6321902

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 14 OF 67
	<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 ▼
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014

Transaction ID : C6322532

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 ▼
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014

Transaction ID : C6322533

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 ▼
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014

Transaction ID : C6322534

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: PAGE 15 OF 67
(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. 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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2014
Transaction ID : C6324507
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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2014
Transaction ID : C6324508
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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 21 / 2014
Transaction ID : C6324509
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 16 OF 67
(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. NIGEL A CROWE
Full Name (Last, First, Middle Initial)
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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2014

Transaction ID : C6324016

Amount of Each Receipt this Period

100.00

B. NIGEL A CROWE
Full Name (Last, First, Middle Initial)
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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2014

Transaction ID : C6324017

Amount of Each Receipt this Period

100.00

C. NIGEL A CROWE
Full Name (Last, First, Middle Initial)
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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2014

Transaction ID : C6324018

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 17 OF 67
	<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. Kevin Davis		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 21 / 2014
Mailing Address 15 Morning Breeze Ct		Transaction ID : C6322594
City Silver Springs	State MD	Zip Code 20904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Kevin Davis		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 21 / 2014
Mailing Address 15 Morning Breeze Ct		Transaction ID : C6322595
City Silver Springs	State MD	Zip Code 20904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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 ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Kevin Davis		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 21 / 2014
Mailing Address 15 Morning Breeze Ct		Transaction ID : C6322596
City Silver Springs	State MD	Zip Code 20904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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 ▼ 300.00	

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 18 OF 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 R Davis		Date of Receipt
Mailing Address 34420 St Maron Blvd		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Avon State OH Zip Code 44011		Transaction ID : C6322005
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="300.00"/>	

Full Name (Last, First, Middle Initial) B. Scott R Davis		Date of Receipt
Mailing Address 34420 St Maron Blvd		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Avon State OH Zip Code 44011		Transaction ID : C6322006
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="300.00"/>	

Full Name (Last, First, Middle Initial) C. Scott R Davis		Date of Receipt
Mailing Address 34420 St Maron Blvd		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City Avon State OH Zip Code 44011		Transaction ID : C6322007
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="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL 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 19 OF 67
<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. JOSEPH DIECEDUE		Date of Receipt MM / DD / YYYY 01 / 21 / 2014
Mailing Address 5757 CORPORATE BLVD STE 104		Transaction ID : C6326908
City BATON ROUGE	State LA	Zip Code 70808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. JOSEPH DIECEDUE		Date of Receipt MM / DD / YYYY 01 / 21 / 2014
Mailing Address 5757 CORPORATE BLVD STE 104		Transaction ID : C6326909
City BATON ROUGE	State LA	Zip Code 70808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. JOSEPH DIECEDUE		Date of Receipt MM / DD / YYYY 01 / 21 / 2014
Mailing Address 5757 CORPORATE BLVD STE 104		Transaction ID : C6326910
City BATON ROUGE	State LA	Zip Code 70808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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) ▼	Aggregate Year-to-Date ▼ 300.00	

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 20 OF 67
	<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. DESI DIMITROVA		Date of Receipt MM / DD / YYYY 01 / 21 / 2014 Transaction ID : C6323836
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) B. DESI DIMITROVA		Date of Receipt MM / DD / YYYY 01 / 21 / 2014 Transaction ID : C6323837
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) C. DESI DIMITROVA		Date of Receipt MM / DD / YYYY 01 / 21 / 2014 Transaction ID : C6323838
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 ▼ 300.00	

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 21 OF 67
	<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	/	D D	/	Y Y Y Y
01	/	21	/	2014

Transaction ID : C6324658

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	/	D D	/	Y Y Y Y
01	/	21	/	2014

Transaction ID : C6324659

Amount of Each Receipt this Period
100.00

C. 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	/	D D	/	Y Y Y Y
01	/	21	/	2014

Transaction ID : C6324660

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 22 OF 67
(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. Donald Foti
Full Name (Last, First, Middle Initial)
Mailing Address 4071 Port Chicago Hwy St 200
City State Zip Code
Concord CA 94520
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 ▼
600.00

Date of Receipt
01 / 21 / 2014
Transaction ID : C6321915
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 State Zip Code
Concord CA 94520
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 ▼
600.00

Date of Receipt
01 / 21 / 2014
Transaction ID : C6321916
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 State Zip Code
Concord CA 94520
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 ▼
600.00

Date of Receipt
01 / 21 / 2014
Transaction ID : C6321917
Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... **600.00**
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 23 OF 67
	<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. Susan Fuldauer			Date of Receipt
Mailing Address 7229 Kingman Cir			<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C6321606
Indianapolis	IN	46256	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<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="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. ROGER FUNG			Date of Receipt
Mailing Address 12845 NW FOREST SPRING LN			<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C6328049
PORTLAND	OR	97229	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		
American Income	Agent		
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) C. ROGER FUNG			Date of Receipt
Mailing Address 12845 NW FOREST SPRING LN			<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C6328050
PORTLAND	OR	97229	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		
American Income	Agent		
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) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="500.00"/>
TOTAL 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 24 OF 67
	<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. ROGER FUNG
Full Name (Last, First, Middle Initial)

Mailing Address 12845 NW FOREST SPRING LN

City PORTLAND State OR Zip Code 97229

FEC ID number of contributing federal political committee.

Name of Employer American Income Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /
Transaction ID : C6328051

Amount of Each Receipt this Period

B. CINDY FURER
Full Name (Last, First, Middle Initial)

Mailing Address 15835 WINDROSE CT

City SAN DIEGO State CA Zip Code 92127

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Ins. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /
Transaction ID : C6324793

Amount of Each Receipt this Period

C. CINDY FURER
Full Name (Last, First, Middle Initial)

Mailing Address 15835 WINDROSE CT

City SAN DIEGO State CA Zip Code 92127

FEC ID number of contributing federal political committee.

Name of Employer American Income Life Ins. Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt / /
Transaction ID : C6324794

Amount of Each Receipt this Period

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

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 25 OF 67
	<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
-----------------------------	-----------------------------	-----------------------------

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. CINDY FURER
Full Name (Last, First, Middle Initial)

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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6324795

Amount of Each Receipt this Period
 150.00

B. ERIC GIGLIONE
Full Name (Last, First, Middle Initial)

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City EATONTOWN State NJ Zip Code 7724

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

Name of Employer American Income 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
 01 / 21 / 2014
Transaction ID : C6328102

Amount of Each Receipt this Period
 400.00

C. ERIC GIGLIONE
Full Name (Last, First, Middle Initial)

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City EATONTOWN State NJ Zip Code 7724

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

Name of Employer American Income 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
 01 / 21 / 2014
Transaction ID : C6328103

Amount of Each Receipt this Period
 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00

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 26 OF 67
	<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. ERIC GIGLIONE

Mailing Address 151 INDUSTRIAL WAY EAST BLDG C

City EATONTOWN State NJ Zip Code 7724

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

Name of Employer American Income 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 Y
 01 / 21 / 2014
Transaction ID : C6328104

Amount of Each Receipt this Period
 400.00

Full Name (Last, First, Middle Initial)
B. Steven K Greer

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 ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6321822

Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
C. Steven K Greer

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 ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6321823

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 27 OF 67
	<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. Steven K Greer
 Full Name (Last, First, Middle Initial)
 Mailing Address 43 Nocturne Woods Pl
 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 900.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6321824
 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 790.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6324923
 Amount of Each Receipt this Period 190.00

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 790.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6324924
 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional).....	790.00
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 28 OF 67
	<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. FREDERICK HADAYIA		Date of Receipt MM / DD / YYYY 01 / 21 / 2014 Transaction ID : C6324925
Mailing Address 702 LISBURN RD		Amount of Each Receipt this Period 300.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 790.00	

Full Name (Last, First, Middle Initial) B. Mark Hancock		Date of Receipt MM / DD / YYYY 01 / 21 / 2014 Transaction ID : C6321563
Mailing Address 12546 Walnut Ridge Pl		Amount of Each Receipt this Period 300.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Mark Hancock		Date of Receipt MM / DD / YYYY 01 / 21 / 2014 Transaction ID : C6321564
Mailing Address 12546 Walnut Ridge Pl		Amount of Each Receipt this Period 300.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

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:	PAGE 29 OF 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. 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 ▼ **900.00**

Date of Receipt **01 / 21 / 2014**

Transaction ID : C6321565

Amount of Each Receipt this Period **300.00**

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

Mailing Address PO Box 208

City Waco State TX Zip Code

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 **01 / 21 / 2014**

Transaction ID : C6328313

Amount of Each Receipt this Period **300.00**

C. Rob Hay
Full Name (Last, First, Middle Initial)

Mailing Address 5515 5540 Falmouth St

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **01 / 21 / 2014**

Transaction ID : C6322629

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 30 OF 67
(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. Rob Hay
 Full Name (Last, First, Middle Initial)
 Mailing Address 5515 5540 Falmouth St
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6322630
 Amount of Each Receipt this Period
 250.00

B. Rob Hay
 Full Name (Last, First, Middle Initial)
 Mailing Address 5515 5540 Falmouth St
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6322631
 Amount of Each Receipt this Period
 250.00

C. Matt M Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1235 Snug Harbor Dr
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6322541
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 31 OF 67
	<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. Matt M Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 1235 Snug Harbor Dr

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 / /
Transaction ID : C6322542

Amount of Each Receipt this Period

B. Matt M Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 1235 Snug Harbor Dr

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 / /
Transaction ID : C6322543

Amount of Each Receipt this Period

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 ▼ **300.00**

Date of Receipt
 / /
Transaction ID : C6323186

Amount of Each Receipt this Period

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

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 32 OF 67
	<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. 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 300.00

Date of Receipt 01 / 21 / 2014
Transaction ID : C6323187
 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 300.00

Date of Receipt 01 / 21 / 2014
Transaction ID : C6323188
 Amount of Each Receipt this Period 100.00

C. John W Jatoft
 Full Name (Last, First, Middle Initial)
 Mailing Address 4071 Port Chicago Hwy Suite 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 600.00

Date of Receipt 01 / 21 / 2014
Transaction ID : C6321578
 Amount of Each Receipt this Period 200.00

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 33 OF 67
	<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. John W Jatoft		Date of Receipt M M / D D / Y Y Y Y Y 01 / 21 / 2014
Mailing Address 4071 Port Chicago Hwy Suite 200		Transaction ID : C6321579
City Concord	State CA	Zip Code 94520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) B. John W Jatoft		Date of Receipt M M / D D / Y Y Y Y Y 01 / 21 / 2014
Mailing Address 4071 Port Chicago Hwy Suite 200		Transaction ID : C6321580
City Concord	State CA	Zip Code 94520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) C. HORACE W JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y 01 / 21 / 2014
Mailing Address 103 STONEWALL CT		Transaction ID : C6323170
City SUMMERVILLE	State SC	Zip Code 29483
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer National Income Life Insurance	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 34 OF 67
	<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 300.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6323171
 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 300.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6323172
 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 300.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6323602
 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 35 OF 67
	<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 ▼ 300.00

Date of Receipt 01 / 21 / 2014
Transaction ID : C6323603

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 ▼ 300.00

Date of Receipt 01 / 21 / 2014
Transaction ID : C6323604

Amount of Each Receipt this Period 100.00

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. 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 01 / 21 / 2014
Transaction ID : C6324026

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 36 OF 67
	<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. **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 / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6324027

Amount of Each Receipt this Period
100.00

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. **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 / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6324028

Amount of Each Receipt this Period
100.00

C. 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 / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6325320

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 37 OF 67
	<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. 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 01 / 21 / 2014
 Transaction ID : C6325321
 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 01 / 21 / 2014
 Transaction ID : C6325322
 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 300.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6323909
 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 38 OF 67
	<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. SABRINA N LLOYD		Date of Receipt
Mailing Address 9 LONGMEADOW DR		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
BARRINGTON HILLS	IL	60010
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="300.00"/>	
		Transaction ID : C6323910
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) B. SABRINA N LLOYD		Date of Receipt
Mailing Address 9 LONGMEADOW DR		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
BARRINGTON HILLS	IL	60010
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="300.00"/>	
		Transaction ID : C6323911
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) C. CHRIS A LUSSIER		Date of Receipt
Mailing Address 8728 CUMBERNAULD CIR N		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
GERMANTOWN	TN	38139
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="300.00"/>	
		Transaction ID : C6325380
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL 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 39 OF 67
	<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 ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2014

Transaction ID : C6325381

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 ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2014

Transaction ID : C6325382

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 ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 21 / 2014

Transaction ID : C6321921

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 40 OF 67
<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 ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	21	/	2014

Transaction ID : C6321922

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 ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	21	/	2014

Transaction ID : C6321923

Amount of Each Receipt this Period

100.00

C. CATHERINE C MINOR
Full Name (Last, First, Middle Initial)

Mailing Address 3950 S FREMONT AVE #B15

City SPRINGFIELD	State MO	Zip Code 65804
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	21	/	2014

Transaction ID : C6328990

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 41 OF 67
	<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. CATHERINE C MINOR		Date of Receipt
Mailing Address 3950 S FREMONT AVE #B15		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City SPRINGFIELD	State MO	Zip Code 65804
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C6328991
Name of Employer American Income		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="300.00"/>	

Full Name (Last, First, Middle Initial) B. CATHERINE C MINOR		Date of Receipt
Mailing Address 3950 S FREMONT AVE #B15		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City SPRINGFIELD	State MO	Zip Code 65804
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C6328992
Name of Employer American Income		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="300.00"/>	

Full Name (Last, First, Middle Initial) C. TRAVIS P MOODY		Date of Receipt
Mailing Address 141 WOODMORE AVE		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City LOUISVILLE	State KY	Zip Code 40214
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C6323072
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="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL 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 42 OF 67
	<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. 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 300.00

Date of Receipt 01 / 21 / 2014
Transaction ID : C6323073
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 300.00

Date of Receipt 01 / 21 / 2014
Transaction ID : C6323074
Amount of Each Receipt this Period 100.00

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 900.00

Date of Receipt 01 / 21 / 2014
Transaction ID : C6322544
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... 500.00
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 43 OF 67
	<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. 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 900.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6322545
 Amount of Each Receipt this Period 300.00

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 900.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6322546
 Amount of Each Receipt this Period 300.00

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 300.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6323619
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... 700.00
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 44 OF 67
	<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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2014

Transaction ID : C6323620

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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2014

Transaction ID : C6323621

Amount of Each Receipt this Period

100.00

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 ▼ **1200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2014

Transaction ID : C6322628

Amount of Each Receipt this Period

1200.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 67
	<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 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 ▼ 1200.00

Date of Receipt
 01 / 21 / 2014
Transaction ID : C6323533
 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 ▼ 1200.00

Date of Receipt
 01 / 21 / 2014
Transaction ID : C6323534
 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 ▼ 1200.00

Date of Receipt
 01 / 21 / 2014
Transaction ID : C6323535
 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: PAGE 46 OF 67
(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. FRANCISCO M PEREZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 LEE AVE
 City NORTH PROVIDENCE State RI Zip Code 2904
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6329246
 Amount of Each Receipt this Period
 100.00

B. FRANCISCO M PEREZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 LEE AVE
 City NORTH PROVIDENCE State RI Zip Code 2904
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6329247
 Amount of Each Receipt this Period
 100.00

C. FRANCISCO M PEREZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 LEE AVE
 City NORTH PROVIDENCE State RI Zip Code 2904
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6329248
 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 47 OF 67
	<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 6457

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

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014

Transaction ID : C6329302

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 6457

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

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014

Transaction ID : C6329303

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 6457

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

Name of Employer American Income Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014

Transaction ID : C6329304

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 48 OF 67
	<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			Date of Receipt
Mailing Address 1153 Thistle Ln			<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C6322498
Lebanon	OH	45036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<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="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Scott J Rehberg			Date of Receipt
Mailing Address 1153 Thistle Ln			<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C6322499
Lebanon	OH	45036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<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="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Scott J Rehberg			Date of Receipt
Mailing Address 1153 Thistle Ln			<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : C6322500
Lebanon	OH	45036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<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="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="80.00"/>

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

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

FOR LINE NUMBER: PAGE 49 OF 67
(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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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. 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 ▼ 300.00

Date of Receipt
01 / 21 / 2014
Transaction ID : C6322609
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 ▼ 300.00

Date of Receipt
01 / 21 / 2014
Transaction ID : C6322610
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 ▼ 300.00

Date of Receipt
01 / 21 / 2014
Transaction ID : C6322611
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 50 OF 67
	<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. Paul D Rumbuc
Full Name (Last, First, Middle Initial)
Mailing Address 3570 Magnoloia Ct
City Oakland Township State MI Zip Code 48363
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 1200.00

Date of Receipt 01 / 21 / 2014
Transaction ID : C6321733
Amount of Each Receipt this Period 400.00

B. Paul D Rumbuc
Full Name (Last, First, Middle Initial)
Mailing Address 3570 Magnoloia Ct
City Oakland Township State MI Zip Code 48363
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 1200.00

Date of Receipt 01 / 21 / 2014
Transaction ID : C6321734
Amount of Each Receipt this Period 400.00

C. Paul D Rumbuc
Full Name (Last, First, Middle Initial)
Mailing Address 3570 Magnoloia Ct
City Oakland Township State MI Zip Code 48363
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 1200.00

Date of Receipt 01 / 21 / 2014
Transaction ID : C6321735
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: PAGE 51 OF 67
(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. JAVIER L SANDOVAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 RANGER RD
 City State Zip Code
 HOLLIS NH 3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6329522
 Amount of Each Receipt this Period
 100.00

B. JAVIER L SANDOVAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 RANGER RD
 City State Zip Code
 HOLLIS NH 3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6329523
 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 3049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6329524
 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 52 OF 67
(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. Melvin S Schwarzwald
Full Name (Last, First, Middle Initial)
Mailing Address 2950 Warrensville Center Rd
City Shaker Heights State OH Zip Code 44122
FEC ID number of contributing federal political committee. **C**
Name of Employer Schwarzwald & McNair Occupation OPEIU Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 21 / 2014
Transaction ID : C6228282
Amount of Each Receipt this Period 250.00

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 240.00

Date of Receipt 01 / 21 / 2014
Transaction ID : C6322504
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 240.00

Date of Receipt 01 / 21 / 2014
Transaction ID : C6322505
Amount of Each Receipt this Period 80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 410.00
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 53 OF 67
	<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. 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 **240.00**

Date of Receipt **01 / 21 / 2014**
Transaction ID : C6322506
 Amount of Each Receipt this Period **80.00**

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 **300.00**

Date of Receipt **01 / 21 / 2014**
Transaction ID : C6322526
 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 **300.00**

Date of Receipt **01 / 21 / 2014**
Transaction ID : C6322527
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **280.00**
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 54 OF 67
	<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. 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 300.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6322528
 Amount of Each Receipt this Period 100.00

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 1248.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6321927
 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 1248.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6321928
 Amount of Each Receipt this Period 416.00

SUBTOTAL of Receipts This Page (optional)..... 932.00
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 67
<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. 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 **1248.00**

Date of Receipt **01 / 21 / 2014**
Transaction ID : C6321929
Amount of Each Receipt this Period **416.00**

B. RANDY E TEYSSIER
Full Name (Last, First, Middle Initial)
Mailing Address 103 TARTAN RD
City GIBSONIA State PA Zip Code 15044
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 **01 / 21 / 2014**
Transaction ID : C6326154
Amount of Each Receipt this Period **200.00**

C. RANDY E TEYSSIER
Full Name (Last, First, Middle Initial)
Mailing Address 103 TARTAN RD
City GIBSONIA State PA Zip Code 15044
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 **01 / 21 / 2014**
Transaction ID : C6326155
Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional)..... **816.00**
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 56 OF 67
<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. RANDY E TEYSSIER		Date of Receipt MM / DD / YYYY 01 / 21 / 2014 Transaction ID : C6326156
Mailing Address 103 TARTAN RD		Amount of Each Receipt this Period 200.00
City GIBSONIA	State PA	Zip Code 15044
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. JEFFERY P THIEL		Date of Receipt MM / DD / YYYY 01 / 21 / 2014 Transaction ID : C6326874
Mailing Address 116 VLASIS DR		Amount of Each Receipt this Period 100.00
City BALLWIN	State MO	Zip Code 63011
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) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. JEFFERY P THIEL		Date of Receipt MM / DD / YYYY 01 / 21 / 2014 Transaction ID : C6326875
Mailing Address 116 VLASIS DR		Amount of Each Receipt this Period 100.00
City BALLWIN	State MO	Zip Code 63011
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) ▼	Aggregate Year-to-Date ▼ 300.00	

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 57 OF 67
	<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. JEFFERY P THIEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 VLASIS DR
 City BALLWIN State MO Zip Code 63011
 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 300.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6326876
 Amount of Each Receipt this Period 100.00

B. DUSTIN WX VENEKAMP
 Full Name (Last, First, Middle Initial)
 Mailing Address 15911 NE 83RD ST
 City REDMOND State WA Zip Code 98052
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6329902
 Amount of Each Receipt this Period 100.00

C. DUSTIN WX VENEKAMP
 Full Name (Last, First, Middle Initial)
 Mailing Address 15911 NE 83RD ST
 City REDMOND State WA Zip Code 98052
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6329903
 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 58 OF 67
	<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. DUSTIN WX VENEKAMP
 Full Name (Last, First, Middle Initial)
 Mailing Address 15911 NE 83RD ST
 City REDMOND State WA Zip Code 98052
 FEC ID number of contributing federal political committee. C
 Name of Employer American Income Occupation Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6329904
 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 300.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6323417
 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 300.00

Date of Receipt 01 / 21 / 2014
 Transaction ID : C6323418
 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 59 OF 67
	<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 ▼ 300.00

Date of Receipt
 01 / 21 / 2014
Transaction ID : C6323419

Amount of Each Receipt this Period
 100.00

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 ▼ 300.00

Date of Receipt
 01 / 21 / 2014
Transaction ID : C6322529

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 ▼ 300.00

Date of Receipt
 01 / 21 / 2014
Transaction ID : C6322530

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 60 OF 67
<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. **C**
 Name of Employer Occupation
 American Income Life Ins. Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6322531
 Amount of Each Receipt this Period
 100.00

B. GEVORG YANUKYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 202 LEE ST
 City State Zip Code
 ELMWOOD PARK NJ 7407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6330079
 Amount of Each Receipt this Period
 100.00

C. GEVORG YANUKYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 202 LEE ST
 City State Zip Code
 ELMWOOD PARK NJ 7407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Income Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014
Transaction ID : C6330080
 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 61 OF 67
	<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. GEVORG YANUKYAN		Date of Receipt
Mailing Address 202 LEE ST		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
ELMWOOD PARK	NJ	7407
FEC ID number of contributing federal political committee.		Transaction ID : C6330081
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Income	Agent	
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. David S Zophin		Date of Receipt
Mailing Address 300 S Pine Island Rd Ste 308		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Plantation	FL	33324
FEC ID number of contributing federal political committee.		Transaction ID : C6322539
<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="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. David S Zophin		Date of Receipt
Mailing Address 300 S Pine Island Rd Ste 308		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City	State	Zip Code
Plantation	FL	33324
FEC ID number of contributing federal political committee.		Transaction ID : C6322540
<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="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="27666.00"/>

**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 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

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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. NGP Software

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
PAC Software

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Filing Software**

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 10 / 2014

Transaction ID : D329830

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

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

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. ALEX SINK FOR CONGRESS

Mailing Address PO BOX 17271

City CLEARWATER State FL Zip Code 33762

Purpose of Disbursement Congress, FL, 13

Candidate Name
ALEX SINK

Office Sought: House
 Senate
 President
State: FL District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2014

Transaction ID : D333854

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CHRIS GIBSON FOR CONGRESS

Mailing Address PO BOX 234

City SARATOGA SPRINGS State NY Zip Code 12866

Purpose of Disbursement R-NY 19, Primary

Candidate Name
CHRISTOPHER P GIBSON

Office Sought: House
 Senate
 President
State: NY District: 19

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 07 / 2014

Transaction ID : D329824

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement Membership Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Membership Contribut

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2014

Transaction ID : D329827

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

21000.00

**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. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Membership Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2014

Transaction ID : D329828

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. MARK PRYOR FOR US SENATE

Mailing Address PO BOX 2720

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement
US Senate, AK, Primary

011

Category/
Type

Candidate Name

MARK L PRYOR

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District: 00

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2014

Transaction ID : D329822

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PAT TOOMEY

Mailing Address 1760 Market Street, Suite 1205

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement
Senate, PA, Primary

011

Category/
Type

Candidate Name

PATRICK JOSEPH TOOMEY

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 00

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2014

Transaction ID : D329834

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

21000.00

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. SCOTT PETERS FOR CONGRESS

Mailing Address PO BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement US Congress, CA, Primary

011

Category/Type

Candidate Name

SCOTT PETERS

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2014

Transaction ID : D329832

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. SESTAK FOR CONGRESS

Mailing Address P.O. Box 16

City Media State PA Zip Code 19063

Purpose of Disbursement Congress PA, 7th

011

Category/Type

Candidate Name

Joe Sestak

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2014

Transaction ID : D329836

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Transportation Trades Department

Mailing Address AFL-CIO
888 16th Street, N.W. Suite 650

City Washington State DC Zip Code 20006

Purpose of Disbursement TTD PAC Contribution

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼
TTD PAC Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2014

Transaction ID : D329826

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

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

50500.00

**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. Committee to Elect Martin J. Walsh

Mailing Address 138 West Third Street

City South Boston State MA Zip Code 02127

Purpose of Disbursement
Mayor of the City of Boston-MA

011

Candidate Name
Martin Walsh

Category/
Type

Office Sought: House
 Senate
 President
State: MA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 07 / 2014

Transaction ID : D333858

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends of Doug Gansler

Mailing Address PO Box 31102

City Bethesda State MD Zip Code 20824

Purpose of Disbursement
Attorney General, MD

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 06 / 2014

Transaction ID : D329823

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tarsha Hardy

Mailing Address PO Box 225253

City Dallas State TX Zip Code 75222

Purpose of Disbursement
Dallas County District Clerk

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 30 / 2014

Transaction ID : D333851

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2250.00

**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. 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

Candidate Name

Jim Frazier

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : D333852

Amount of Each Disbursement this Period

B. Working Families for a Better SD to Support D Alvarez for Mayor 2014

Full Name (Last, First, Middle Initial)

Mailing Address 3737 Camino Del Rio South, #403

City San Diego State CA Zip Code 92108

Purpose of Disbursement
San Diego & Imperial Coun

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : D333855

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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