Image# 15970338266				PAGE 1 / 7
FEC	REPORT OF F AND DISBURS	SEMENTS	Office	Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
The Voices of the Ame	rican Federation of Go	overnment Employed	es	
ADDRESS (number and street)	80 F Street, NW			
Check if different				
than previously reported. (ACC)	Washington		DC 2000	
2. FEC IDENTIFICATION NU		A	STATE 🔺	ZIP CODE
C C00512293	3. IS RE	~ ~	AMENDED (A))
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X April 15 Ourstarky Report (O 	Report Due On: Mar 2 Apr 20	0 (M2) May 20 (0 (M3) Jun 20 (0 (M4) Jul 20 (M	M6) Sep 20 (M9)) Dec 20 (M12) (Non-Election Vear Only) (Non-Election Year Only)
Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q	2) (C) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Special (12S)	Runoff (12R)
January 31 Year-End Report (YI		on / D D		in the State of
July 31 Mid-Year Report (Non-electior Year Only) (MY)	POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the: Election	on / D = D		in the State of
5. Covering Period 01	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 03		015
I certify that I have examined thi	-	ny knowledge and belief it i	s true, correct and compl	ete.
Type or Print Name of Treasurer	Mr. Jeffrey David Cox			
Signature of Treasurer	effrey David Cox	[Electronically Filed]		3 [/] Y Y Y Y 2015
NOTE: Submission of false, errone	eous, or incomplete information	may subject the person signi	ng this Report to the pena	Ities of 2 U.S.C. §437g.
Office Use Only			FE	C FORM 3X Rev. 12/2004

04/13/2015 13 : 16

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

The Voices of the American Federation of Government Employees

R	eport Covering the Period: From:	1 01 / Y Y Y Y 2015 T	o: 03 / 0 0 / 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		86342.69
	(b) Cash on Hand at Beginning of Reporting Period	86342.69	
	(c) Total Receipts (from Line 19)	0.00	0.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	86342.69	86342.69
7.	Total Disbursements (from Line 31)	8585.99	8585.99
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	77756.70	77756.70
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

		ETAILED SUMMARY PAGE of Receipts	٦
	FEC Form 3X (Rev. 06/2004)	·	Page 3
	Irite or Type Committee Name		
٦	The Voices of the American Federat	tion of Government Employees	
_	M		
R	eport Covering the Period: From: 01	01 2015 To:	03 31 2015
	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	0.00	0.00
	(i) Itemized (use Schedule A)	17 17 17	
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add	7 7 0.00	7 7
	Lines 11(a)(i) and (ii)	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 Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry		0.00
	Totals to Line 33, page 5)▶	0.00	0.00
12.	Transfers From Affiliated/Other		
	Party Committees	0.00	0.00
		0.00	0.00
13.	All Loans Received	7 7	0.00
	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		0.00
	Political Committees	0.00	0.00
17.	Other Federal Receipts		0.00
10	(Dividends, Interest, etc.)	0.00	0.00
10.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
		7 7 7	0.00
		0.00	0.00
	(b) Levin Funds (from Schedule H5)	7 7 7	0.00
	(a) Total Transform (add 19(a) and 19(b))	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))		0.00
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))►	0.00	0.00
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)►	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4 COLUMN B Calendar Year-to-Date		
II. Disbursements	COLUMN A Total This Period			
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	585.73	585.73		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))►	585.73	585.73		
Transfers to Affiliated/Other Party				
Committees Contributions to Federal Candidates/Committees	0.00	0.00		
and Other Political Committees Independent Expenditures	8000.26	8000.26		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00		
		0.00		
(b) Political Party Committees(c) Other Political Committees	0.00			
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(i) Federal Share				
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00		
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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8585.99	8585.99		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	8585.99	8585.99		

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DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
 Total Contributions (other than loans) (from Line 11(d), page 3) 	0.00	0.00		
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00		
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00		
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	585.73	585.73		
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
. Net Operating Expenditures (subtract Line 37 from Line 36)	585.73	585.73		

	CHEDULE B (FEC		Use sen	arate schedule(s)					R:		PA	GE	6 (DF 7		
11	EMIZED DISBURSE	MENIS	for each	category of the Summary Page	(C		k only 21b 27	one) 22 28a		23 28b	24 28c		25 29	26 30b		
	ny information copied from suc for commercial purposes, othe															
\backslash	NAME OF COMMITTEE (In F															
	The Voices of the A		ation of	Governmen	t Em	plo	oyee	S								
Α.	Wachovia Bank	e miliai)								isburse			V	V		
	Mailing Address 1753 Pinnacl Mailcode: R3	le Dr 3rd Floor 3076-031/VA1845						02 11 2015								
	City McLean	Ş	State VA	Zip Code 22102				Tra	nsact	tion ID	: SB21B	.4427	7			
	Purpose of Disbursement Bank Fees - February 2015				C	001		Amo	unt of	Each	Disburse	ment	this I	Period		
	Candidate Name				Cat T	egoi ype				,	,		164	.76		
	Office Sought: House Senat Presic	e	nent For: Primary Other (spe	General cify) ▼												
	State: District:															
в.	Full Name (Last, First, Middle Wachovia Bank	e Initial)								isburse						
	Mailing Address 1753 Pinnac Mailcode: R3	cle Dr 3rd Floor 3076-031/VA1845						03 11 2015								
	CityStateZip CodeMcLeanVA22102							Transaction ID : SB21B.4431								
	Purpose of Disbursement Bank Fees - March 2015				(001		Amount of Each Disbursement this Period				Period				
	Candidate Name	andidate Name			Category/ Type			164.89								
	Office Sought: House Senat Presic	e	nent For: Primary Other (spec	General cify) ▼												
	State: District:															
C.	Full Name (Last, First, Middle Initial)							of D	isburse			Y	V			
	Mailing Address															
	City	City State Zip Code														
	Purpose of Disbursement							•			Distance		41-1-1			
	Candidate Name					Amount of Each Disb Category/ Type		Disburse	ment	tnis i	Period					
	Office Sought: House Senat Presic	e	nent For: Primary Other (spe	General cify) ▼												
_	State: District:															
s	UBTOTAL of Disbursements	This Page (optional)					• 🕨	С		3	- 7		329	.65		
т	OTAL This Period (last page t	this line number only)					•			,			329	.65		

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TTEMIZED DISBURSEMENTS Use separate schedule(s) be category of the committee to solicit contributions from such committee. Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. All the committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) Date of Disbursement Mailing Address 815 16TH STREET, NW Date of Disbursement Date of Disbursement this Period Gity State Zip Code Otifice Sought House Disbursement For: General Otifice Sought Date of Disbursement Full Name (Last, First, Middle Initial) Disbursement For: General Otifice Sought Date of Disbursement Nort CE Otifice Sought: House Disbursement For: General Otifice Sought Date of Disbursement Bibling Address 815 16TH STREET, NW City State Zip Code Otifice Sought Date of Disbursement this Period City State Disbursement For: General Otifice Sought Disbursement For: Otifice Sought Date of Disbursement this Period City<	S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 7 OF 7					
Detailed Summary Page 210 240 280	ITEMIZED DISBURSEMENTS			(check only	one)					
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committies. NAME_OF_COMMITTEE (in Full) The Voices of the American Federation of Government Employees Full Name (Last, First, Middle Initial) A. WORKERS' VOICE Mailing Address atts 16TH STREET, NW City State Purpose of Disbursement Reimburse States for Work Release Staff for Worker's Voice Candidate Name Mailing Address atts 16TH STREET, NW City State Purpose of Disbursement Reimburse States for Work Release Staff for Worker's Voice Candidate Name WORKERS' VOICE Other (specify) Viality State Distoursement B. WORKERS' VOICE Mailing Address atts 16TH STREET, NW City State Purpose of Disbursement City State Purpose of Disbursement City State Purpose of Disbursement City State Office Sought House Disfort: Borate										
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