

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Office and Professional Employees International Union - Voice of the Electorate

ADDRESS (number and street)

1660 L STREET, NW

SUITE 801

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

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  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2005

through

03

31

2005

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

Nancy Wohlforth

Signature of Treasurer

Electronically Filed by Nancy Wohlforth

Date

03

10

2006

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							
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**FEC FORM 3X**  
(Rev. 02/2003)

# 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 - Voice of the Electorate

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2005</span>		208694.46
(b) Cash on Hand at Beginning of Reporting Period .....	208694.46	
(c) Total Receipts (from Line 19) .....	49789.77	49789.77
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	258484.23	258484.23
7. Total Disbursements (from Line 31) .....	34687.50	34687.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	223796.73	223796.73
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Office and Professional Employees International Union - Voice of the Electorate

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	20951.88	20951.88
(i) Itemized (use Schedule A) .....	28587.89	28587.89
(ii) Unitemized .....	49539.77	49539.77
(iii) TOTAL (add 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 Totals to Line 33, page 5) ..... ➡	49539.77	49539.77
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 .....	250.00	250.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
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 Transfer (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)) .....	49789.77	49789.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	49789.77	49789.77

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	11187.50	11187.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	11187.50	11187.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	13500.00	13500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	34687.50	34687.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	34687.50	34687.50

**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) .....	49539.77	49539.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49539.77	49539.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11187.50	11187.50
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11187.50	11187.50

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

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

FOR LINE NUMBER: PAGE 6 / 43

(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 - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Altig, Jr Mailing Address 12309 98th Avenue Ct NW City State Zip Code Gig Harbor WA 98329-6941 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 1289.22			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C000044Q1 Amount of Each Receipt this Period 416.00
<b>B.</b> Full Name (Last, First, Middle Initial) Richard Altig, Jr Mailing Address 12309 98th Avenue Ct NW City State Zip Code Gig Harbor WA 98329-6941 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 1289.22			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C000043Q1 Amount of Each Receipt this Period 414.00
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Altig, Jr Mailing Address 12309 98th Avenue Ct NW City State Zip Code Gig Harbor WA 98329-6941 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 1289.22			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C25292 Amount of Each Receipt this Period 43.22

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

**873.22**

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

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

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

FOR LINE NUMBER: PAGE 7 / 43

(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 - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Altig, Jr Mailing Address 12309 98th Avenue Ct NW City Gig Harbor State WA Zip Code 98329-6941 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 1289.22		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C000045Q1 Amount of Each Receipt this Period 416.00
<b>B.</b> Full Name (Last, First, Middle Initial) Vlad Basov Mailing Address 1062 Pedernales Trl City Irving State TX Zip Code 75063-9372 FEC ID number of contributing federal political committee. <b>C</b> 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		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C000083Q1 Amount of Each Receipt this Period 300.00
<b>C.</b> Full Name (Last, First, Middle Initial) Vlad Basov Mailing Address 1062 Pedernales Trl City Irving State TX Zip Code 75063-9372 FEC ID number of contributing federal political committee. <b>C</b> 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		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C000082Q1 Amount of Each Receipt this Period 300.00

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

1016.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 43

(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 - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Bleier Mailing Address 917 E Windfield Pl Apt. A City Appleton State WI Zip Code 54911-1577 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID: C000134Q1</b> Amount of Each Receipt this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) Gary Bleier Mailing Address 917 E Windfield Pl Apt. A City Appleton State WI Zip Code 54911-1577 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID: C000132Q1</b> Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) Gary Bleier Mailing Address 917 E Windfield Pl Apt. A City Appleton State WI Zip Code 54911-1577 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID: C000133Q1</b> Amount of Each Receipt this Period 100.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 43

(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 - Voice of the Electorate

A. Full Name (Last, First, Middle Initial)

Ross (Rob) E Boles, Jr.

Mailing Address 2375 S Glenn Ln

City State Zip Code  
 Salem IN 47167-7596

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 03 / 17 / 2005

Transaction ID: C000146Q1

Amount of Each Receipt this Period

50.00

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

Ross (Rob) E Boles, Jr.

Mailing Address 2375 S Glenn Ln

City State Zip Code  
 Salem IN 47167-7596

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 03 / 17 / 2005

Transaction ID: C000147Q1

Amount of Each Receipt this Period

50.00

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

Ross (Rob) E Boles, Jr.

Mailing Address 2375 S Glenn Ln

City State Zip Code  
 Salem IN 47167-7596

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 03 / 17 / 2005

Transaction ID: C000145Q1

Amount of Each Receipt this Period

400.00

**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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 43

(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 - Voice of the Electorate

A. Full Name (Last, First, Middle Initial)

David W Brister

Mailing Address 2104 Arbor Dr

City

Shrewsbury

State

MA

Zip Code

01545-6006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C000175Q1

Amount of Each Receipt this Period

300.00

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

David W Brister

Mailing Address 2104 Arbor Dr

City

Shrewsbury

State

MA

Zip Code

01545-6006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C000174Q1

Amount of Each Receipt this Period

300.00

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

David W Brister

Mailing Address 2104 Arbor Dr

City

Shrewsbury

State

MA

Zip Code

01545-6006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C000176Q1

Amount of Each Receipt this Period

300.00

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

900.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) David Cohen		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5
Mailing Address 140 N Las Palmas Ave		<b>Transaction ID:</b> C000258Q1
City Los Angeles	State CA	Zip Code 90004-1048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
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 ▼ 1200.00	

<b>B.</b> Full Name (Last, First, Middle Initial) David Cohen		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5
Mailing Address 140 N Las Palmas Ave		<b>Transaction ID:</b> C000259Q1
City Los Angeles	State CA	Zip Code 90004-1048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
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 ▼ 1200.00	

<b>C.</b> Full Name (Last, First, Middle Initial) David Cohen		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5
Mailing Address 140 N Las Palmas Ave		<b>Transaction ID:</b> C000257Q1
City Los Angeles	State CA	Zip Code 90004-1048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
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 ▼ 1200.00	

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 43

(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 - Voice of the Electorate

A. Full Name (Last, First, Middle Initial)

Steve Foti

Mailing Address 1351 Hampton Ct

City State Zip Code  
Discovery Bay CA 94514-9291

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 ▼

225.00

Date of Receipt

03 / 17 / 2005

Transaction ID: C000427Q1

Amount of Each Receipt this Period

75.00

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

Steve Foti

Mailing Address 1351 Hampton Ct

City State Zip Code  
Discovery Bay CA 94514-9291

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 ▼

225.00

Date of Receipt

03 / 17 / 2005

Transaction ID: C000428Q1

Amount of Each Receipt this Period

75.00

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

Steve Foti

Mailing Address 1351 Hampton Ct

City State Zip Code  
Discovery Bay CA 94514-9291

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 ▼

225.00

Date of Receipt

03 / 17 / 2005

Transaction ID: C000426Q1

Amount of Each Receipt this Period

75.00

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

225.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 43

(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 - Voice of the Electorate

Full Name (Last, First, Middle Initial)

A. Cindy Furer

Mailing Address 374 E Pelican Ct

City

Fresno

State

CA

Zip Code

93720-1254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C000451Q1

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Cindy Furer

Mailing Address 374 E Pelican Ct

City

Fresno

State

CA

Zip Code

93720-1254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C000452Q1

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Cindy Furer

Mailing Address 374 E Pelican Ct

City

Fresno

State

CA

Zip Code

93720-1254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C000450Q1

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 43

(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 - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Larry Geneser		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5
Mailing Address 13515 S Pebblebrook Ln		<b>Transaction ID:</b> C000470Q1 Amount of Each Receipt this Period 200.00
City Greenwood	State MO	
Zip Code 64034-8211		
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Larry Geneser		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5
Mailing Address 13515 S Pebblebrook Ln		<b>Transaction ID:</b> C000468Q1 Amount of Each Receipt this Period 200.00
City Greenwood	State MO	
Zip Code 64034-8211		
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Larry Geneser		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5
Mailing Address 13515 S Pebblebrook Ln		<b>Transaction ID:</b> C000469Q1 Amount of Each Receipt this Period 200.00
City Greenwood	State MO	
Zip Code 64034-8211		
FEC ID number of contributing federal political committee. C		
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 43

(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 - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Eric Giglione Mailing Address 18 Driftwood Ln City State Zip Code Colts Neck NJ 07722-2120 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 1243.22			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID: C25311</b> Amount of Each Receipt this Period 43.22
<b>B.</b> Full Name (Last, First, Middle Initial) Eric Giglione Mailing Address 18 Driftwood Ln City State Zip Code Colts Neck NJ 07722-2120 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 1243.22			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID: C000475Q1</b> Amount of Each Receipt this Period 400.00
<b>C.</b> Full Name (Last, First, Middle Initial) Eric Giglione Mailing Address 18 Driftwood Ln City State Zip Code Colts Neck NJ 07722-2120 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 1243.22			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID: C000476Q1</b> Amount of Each Receipt this Period 400.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			843.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

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

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

FOR LINE NUMBER: PAGE 16 / 43

(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 - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Eric Giglione Mailing Address 18 Driftwood Ln City State Zip Code Colts Neck NJ 07722-2120 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 1243.22			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C000474Q1 Amount of Each Receipt this Period 400.00
<b>B.</b> Full Name (Last, First, Middle Initial) Steven Greer Mailing Address PO Box 208 City State Zip Code Waco TX 76703-0208 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer NATIONAL INCOME LIFE Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C000510Q1 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) Steven Greer Mailing Address PO Box 208 City State Zip Code Waco TX 76703-0208 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer NATIONAL INCOME LIFE Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C000508Q1 Amount of Each Receipt this Period 25.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 43

(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 - Voice of the Electorate

A. Full Name (Last, First, Middle Initial)

Steven Greer

Mailing Address PO Box 208

City State Zip Code  
Waco TX 76703-0208

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C000509Q1

Amount of Each Receipt this Period

300.00

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

Mark Hancock

Mailing Address 12546 Walnut Ridge Pl

City State Zip Code  
Fishers IN 46038-1188

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

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C000555Q1

Amount of Each Receipt this Period

300.00

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

Mark Hancock

Mailing Address 12546 Walnut Ridge Pl

City State Zip Code  
Fishers IN 46038-1188

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

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C000553Q1

Amount of Each Receipt this Period

300.00

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 43

(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 - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Hancock Mailing Address 12546 Walnut Ridge Pl City Fishers State IN Zip Code 46038-1188 FEC ID number of contributing federal political committee. <b>C</b> 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			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C000554Q1 Amount of Each Receipt this Period 300.00
<b>B.</b> Full Name (Last, First, Middle Initial) Victor Hancock Mailing Address 2375 S Glenn Ln City Salem State IN Zip Code 47167-7596 FEC ID number of contributing federal political committee. <b>C</b> 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			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C000556Q1 Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) Victor Hancock Mailing Address 2375 S Glenn Ln City Salem State IN Zip Code 47167-7596 FEC ID number of contributing federal political committee. <b>C</b> 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			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C000558Q1 Amount of Each Receipt this Period 400.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 43

(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 - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Victor Hancock Mailing Address 2375 S Glenn Ln City Salem State IN Zip Code 47167-7596 FEC ID number of contributing federal political committee. <b>C</b> 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			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C000557Q1 Amount of Each Receipt this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) Steve Hartman Mailing Address 21215 N 53rd Ave City Glendale State AZ Zip Code 85308-9145 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C000573Q1 Amount of Each Receipt this Period 150.00
<b>C.</b> Full Name (Last, First, Middle Initial) Steve Hartman Mailing Address 21215 N 53rd Ave City Glendale State AZ Zip Code 85308-9145 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C000572Q1 Amount of Each Receipt this Period 300.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

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

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

FOR LINE NUMBER: PAGE 20 / 43

(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 - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Steve Hartman

Mailing Address 21215 N 53rd Ave

City

Glendale

State

AZ

Zip Code

85308-9145

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN INCOME LIFE INS.

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C000574Q1

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B.** Wayne G Hendricks

Mailing Address 11151 W MEINECKI

City

WAUWATOSA

State

WI

Zip Code

53226

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  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C000597Q1

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** Wayne G Hendricks

Mailing Address 11151 W MEINECKI

City

WAUWATOSA

State

WI

Zip Code

53226

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  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C000598Q1

Amount of Each Receipt this Period

100.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 43

(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 - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Wayne G Hendricks

Mailing Address 11151 W MEINECKI

City State Zip Code  
**WAUWAUTOSA WI 53226**

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  
**03 17 2005**

Transaction ID: C000599Q1

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** John Jatoft

Mailing Address 277  
1777 Oakland Blvd

City State Zip Code  
**Walnut Creek CA 94596-4095**

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 ▼

1043.22

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 17 2005**

Transaction ID: C25309

Amount of Each Receipt this Period

43.22

Full Name (Last, First, Middle Initial)

**C.** John Jatoft

Mailing Address 277  
1777 Oakland Blvd

City State Zip Code  
**Walnut Creek CA 94596-4095**

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 ▼

1043.22

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 17 2005**

Transaction ID: C000678Q1

Amount of Each Receipt this Period

400.00

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

**543.22**

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

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

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

FOR LINE NUMBER: PAGE 22 / 43

(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 - Voice of the Electorate

A. Full Name (Last, First, Middle Initial)

John Jatoft

Mailing Address 277

1777 Oakland Blvd

City

Walnut Creek

State

CA

Zip Code

94596-4095

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 ▼

1043.22

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C000680Q1

Amount of Each Receipt this Period

200.00

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

John Jatoft

Mailing Address 277

1777 Oakland Blvd

City

Walnut Creek

State

CA

Zip Code

94596-4095

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 ▼

1043.22

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C000679Q1

Amount of Each Receipt this Period

400.00

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

Allan Jennings

Mailing Address 346 Dimaggio Dr

City

Tooele

State

UT

Zip Code

84074-9296

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C000685Q1

Amount of Each Receipt this Period

200.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 43

(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 - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Allan Jennings

Mailing Address 346 Dimaggio Dr

City State Zip Code  
 Tooele UT 84074-9296

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 7 / 2 0 0 5

Transaction ID: C000687Q1

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B.** Allan Jennings

Mailing Address 346 Dimaggio Dr

City State Zip Code  
 Tooele UT 84074-9296

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 7 / 2 0 0 5

Transaction ID: C000686Q1

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** William Jennings

Mailing Address 4329 S Alton St

City State Zip Code  
 Greenwood Village CO 80111-1203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 7 / 2 0 0 5

Transaction ID: C000690Q1

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 43

(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 - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** William Jennings

Mailing Address 4329 S Alton St

City State Zip Code  
 Greenwood Village CO 80111-1203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 7 / 2 0 0 5

Transaction ID: C000688Q1

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B.** William Jennings

Mailing Address 4329 S Alton St

City State Zip Code  
 Greenwood Village CO 80111-1203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 7 / 2 0 0 5

Transaction ID: C000689Q1

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C.** Christopher Lafond

Mailing Address 8030 Sherwood Dr

City State Zip Code  
 Presto PA 15142-1078

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 7 / 2 0 0 5

Transaction ID: C000811Q1

Amount of Each Receipt this Period

100.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 43

(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 - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Christopher Lafond Mailing Address 8030 Sherwood Dr City State Zip Code Presto PA 15142-1078 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C000812Q1 Amount of Each Receipt this Period 200.00
<b>B.</b> Full Name (Last, First, Middle Initial) Christopher Lafond Mailing Address 8030 Sherwood Dr City State Zip Code Presto PA 15142-1078 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C000810Q1 Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) Joe Manone Mailing Address N89 W15883 Main St City State Zip Code Menomonee Falls WI 53051-2938 FEC ID number of contributing federal political committee. <b>C</b> 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			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C000904Q1 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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 43

(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 - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Joe Manone

Mailing Address N89 W15883 Main St

City State Zip Code  
 Menomonee Falls WI 53051-2938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 7 / 2 0 0 5

Transaction ID: C000903Q1

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** Joe Manone

Mailing Address N89 W15883 Main St

City State Zip Code  
 Menomonee Falls WI 53051-2938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 7 / 2 0 0 5

Transaction ID: C000902Q1

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C.** Marc Morton

Mailing Address 2476 Powell Ave

City State Zip Code  
 Columbus OH 43209-1749

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 7 / 2 0 0 5

Transaction ID: C001009Q1

Amount of Each Receipt this Period

200.00

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

650.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 43

(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 - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Marc Morton Mailing Address 2476 Powell Ave City Columbus State OH Zip Code 43209-1749 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C001008Q1 Amount of Each Receipt this Period 200.00
<b>B.</b> Full Name (Last, First, Middle Initial) Eric J Neal Mailing Address 256 BRUSH TRAIL BEND City CIBOLO State TX Zip Code 78108 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C001031Q1 Amount of Each Receipt this Period 300.00
<b>C.</b> Full Name (Last, First, Middle Initial) Eric J Neal Mailing Address 256 BRUSH TRAIL BEND City CIBOLO State TX Zip Code 78108 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C001032Q1 Amount of Each Receipt this Period 80.00

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

580.00

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

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

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

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(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 - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Eric J Neal Mailing Address 256 BRUSH TRAIL BEND City CIBOLO State TX Zip Code 78108 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 460.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C001033Q1 Amount of Each Receipt this Period 80.00
<b>B.</b> Full Name (Last, First, Middle Initial) Nicholas Nitkowski Mailing Address 2156 42nd St Apt 210 City Kenner State LA Zip Code 70065-2297 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C001049Q1 Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) Nicholas Nitkowski Mailing Address 2156 42nd St Apt 210 City Kenner State LA Zip Code 70065-2297 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C001048Q1 Amount of Each Receipt this Period 100.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		280.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 29 / 43

(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 - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Nicholas Nitkowski

Mailing Address 2156 42nd St  
Apt 210

City State Zip Code  
Kenner LA 70065-2297

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  
03 / 17 / 2005

Transaction ID: C001050Q1

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** DURHON RENAH R OLDHAM

Mailing Address 1477 CHIGWELL LNN

City State Zip Code  
WEBSTER NY 14580

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 ▼

1043.22

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2005

Transaction ID: C001075Q1

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C.** DURHON RENAH R OLDHAM

Mailing Address 1477 CHIGWELL LNN

City State Zip Code  
WEBSTER NY 14580

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 ▼

1043.22

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2005

Transaction ID: C001073Q1

Amount of Each Receipt this Period

300.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 43

(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 - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** DURHON RENAH R OLDHAM

Mailing Address 1477 CHIGWELL LNN

City State Zip Code  
**WEBSTER NY 14580**

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 ▼

1043.22

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 17 2005**

Transaction ID: C001074Q1

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B.** DURHON RENAH R OLDHAM

Mailing Address 1477 CHIGWELL LNN

City State Zip Code  
**WEBSTER NY 14580**

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 ▼

1043.22

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 17 2005**

Transaction ID: C26185

Amount of Each Receipt this Period

43.22

Full Name (Last, First, Middle Initial)

**C.** ROBERT OLSON, Jr

Mailing Address 26561 W HIGHLAND DRIVE

City State Zip Code  
**CHANNAHON IL 60410**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**03 17 2005**

Transaction ID: C001079Q1

Amount of Each Receipt this Period

100.00

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

**443.22**

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

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

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

FOR LINE NUMBER: PAGE 31 / 43

(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 - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** ROBERT OLSON, Jr

Mailing Address 26561 W HIGHLAND DRIVE

City State Zip Code  
 CHANNAHON IL 60410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 7 / 2 0 0 5

Transaction ID: C001077Q1

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B.** ROBERT OLSON, Jr

Mailing Address 26561 W HIGHLAND DRIVE

City State Zip Code  
 CHANNAHON IL 60410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Income Life

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 7 / 2 0 0 5

Transaction ID: C001078Q1

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C.** Gleb Ostrovsky

Mailing Address 110 GREENRIDGE DRIVE

City State Zip Code  
 MADISON MS 39110

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  
 0 3 / 1 7 / 2 0 0 5

Transaction ID: C001096Q1

Amount of Each Receipt this Period

100.00

**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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 43

(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 - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Gleb Ostrovsky Mailing Address 110 GREENRIDGE DRIVE City MADISON State MS Zip Code 39110 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C001095Q1 Amount of Each Receipt this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) Gleb Ostrovsky Mailing Address 110 GREENRIDGE DRIVE City MADISON State MS Zip Code 39110 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer American Income Life Occupation Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C001097Q1 Amount of Each Receipt this Period 100.00
<b>C.</b> Full Name (Last, First, Middle Initial) Paul D Rumbuc Mailing Address 5617 WOODED LAKE DRIVE City Louisville State KY Zip Code 40299 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C001239Q1 Amount of Each Receipt this Period 400.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		



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

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

FOR LINE NUMBER: PAGE 33 / 43

(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 - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) patrick V Shehan Mailing Address 2909 SE Bingham Dr City State Zip Code Lees Summit MO 64063-2477 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C001297Q1 Amount of Each Receipt this Period 200.00
<b>B.</b> Full Name (Last, First, Middle Initial) patrick V Shehan Mailing Address 2909 SE Bingham Dr City State Zip Code Lees Summit MO 64063-2477 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C001299Q1 Amount of Each Receipt this Period 25.00
<b>C.</b> Full Name (Last, First, Middle Initial) patrick V Shehan Mailing Address 2909 SE Bingham Dr City State Zip Code Lees Summit MO 64063-2477 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C001298Q1 Amount of Each Receipt this Period 25.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

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

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

FOR LINE NUMBER: PAGE 34 / 43

(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 - Voice of the Electorate

Full Name (Last, First, Middle Initial)

A. James Surace

Mailing Address PO Box 33160

City State Zip Code  
 North Royalton OH 44133-0160

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

M M / D D / Y Y Y Y Y  
 0 3 / 1 7 / 2 0 0 5

Transaction ID: C001354Q1

Amount of Each Receipt this Period

416.00

Full Name (Last, First, Middle Initial)

B. James Surace

Mailing Address PO Box 33160

City State Zip Code  
 North Royalton OH 44133-0160

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

M M / D D / Y Y Y Y Y  
 0 3 / 1 7 / 2 0 0 5

Transaction ID: C001353Q1

Amount of Each Receipt this Period

416.00

Full Name (Last, First, Middle Initial)

C. James Surace

Mailing Address PO Box 33160

City State Zip Code  
 North Royalton OH 44133-0160

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

M M / D D / Y Y Y Y Y  
 0 3 / 1 7 / 2 0 0 5

Transaction ID: C001355Q1

Amount of Each Receipt this Period

416.00

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 43

(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 - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Williams		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	7		2	0	0	5													
Mailing Address 903 Murfreesboro St		<b>Transaction ID:</b> C001499Q1																				
City State Zip Code Murfreesboro TN 37127-4765		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																						
FEC ID number of contributing federal political committee. C																						
Name of Employer American Income Life	Occupation Insurance Agent																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>		300.00																			
300.00																						

<b>B.</b> Full Name (Last, First, Middle Initial) Gary Williams		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	7		2	0	0	5													
Mailing Address 903 Murfreesboro St		<b>Transaction ID:</b> C001501Q1																				
City State Zip Code Murfreesboro TN 37127-4765		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																						
FEC ID number of contributing federal political committee. C																						
Name of Employer American Income Life	Occupation Insurance Agent																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>		300.00																			
300.00																						

<b>C.</b> Full Name (Last, First, Middle Initial) Gary Williams		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	7		2	0	0	5													
Mailing Address 903 Murfreesboro St		<b>Transaction ID:</b> C001500Q1																				
City State Zip Code Murfreesboro TN 37127-4765		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																						
FEC ID number of contributing federal political committee. C																						
Name of Employer American Income Life	Occupation Insurance Agent																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>		300.00																			
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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 43

(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 - Voice of the Electorate

Full Name (Last, First, Middle Initial)

A. Thomas Williams

Mailing Address 10246 SW 22nd Pl

City

Davie

State

FL

Zip Code

33324-7613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C001505Q1

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Thomas Williams

Mailing Address 10246 SW 22nd Pl

City

Davie

State

FL

Zip Code

33324-7613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C001506Q1

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Thomas Williams

Mailing Address 10246 SW 22nd Pl

City

Davie

State

FL

Zip Code

33324-7613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Income Life

Occupation

Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 7 / 2 0 0 5

Transaction ID: C001507Q1

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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 43

(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 - Voice of the Electorate

<b>A.</b> Full Name (Last, First, Middle Initial) David Zophin Mailing Address 277 6300 Roundrock Trl City State Zip Code Plano TX 75023-3425 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C001538Q1 Amount of Each Receipt this Period 300.00
<b>B.</b> Full Name (Last, First, Middle Initial) David Zophin Mailing Address 277 6300 Roundrock Trl City State Zip Code Plano TX 75023-3425 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C001539Q1 Amount of Each Receipt this Period 300.00
<b>C.</b> Full Name (Last, First, Middle Initial) David Zophin Mailing Address 277 6300 Roundrock Trl City State Zip Code Plano TX 75023-3425 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> C001537Q1 Amount of Each Receipt this Period 400.00

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

1000.00

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

20951.88

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

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

FOR LINE NUMBER: PAGE 38 / 43

(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 - Voice of the Electorate

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

The Committee to Elect Karen Spilka

Mailing Address 42 Bay Colony Drive

City State Zip Code  
 Ashland MA 01721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2005

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 7 / 2 0 0 5

Transaction ID: C49239

Amount of Each Receipt this Period

250.00

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

250.00

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

250.00

# **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)

PAGE 39 / 43

<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 - Voice of the Electorate

Full Name (Last, First, Middle Initial)

## **A. Department of State Elections**

Mailing Address Department of State Divisions of E  
500 South Bronough Street

City Tallahassee State FL Zip Code 32399-0000

Purpose of Disbursement  
G32004 CTR August 2002 Late Filing

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

O

Transaction ID: D8

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2005

Amount of Each Disbursement this Period

2150.00

Full Name (Last, First, Middle Initial)

## **B. Federal Elections Commission**

Mailing Address 999 E Street, NW

City Washington State DC Zip Code 20013

Purpose of Disbursement  
April 2002 Quarterly Fine

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

O

Transaction ID: D000001Q1

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2005

Amount of Each Disbursement this Period

2550.00

Full Name (Last, First, Middle Initial)

## **C. Ngp Software**

Mailing Address 5505 Connecticut Ave NW  
# 277

City Washington State DC Zip Code 20015-2601

Purpose of Disbursement  
PAC Software

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

O

Transaction ID: D000004Q1

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2005

Amount of Each Disbursement this Period

6000.00

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

10700.00

**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)

PAGE 40 / 43

<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 - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Ngp Software

Mailing Address 5505 Connecticut Ave NW  
# 277

City Washington State DC Zip Code 20015-2601

Purpose of Disbursement

Data Conversion

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

O

Transaction ID: D000003Q1

Date of Disbursement

02 / 16 / 2005

Amount of Each Disbursement this Period

187.50

Full Name (Last, First, Middle Initial)

**B.** Wisconsin State Elections Board

Mailing Address PO Box 2973

City Madison State WI Zip Code 53701-2973

Purpose of Disbursement

Annual Filing Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

O

Transaction ID: D7

Date of Disbursement

02 / 17 / 2005

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

**C.** Wisconsin State Elections Board

Mailing Address PO Box 2973

City Madison State WI Zip Code 53701-2973

Purpose of Disbursement

Annual Filing Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

O

Transaction ID: D6

Date of Disbursement

02 / 18 / 2005

Amount of Each Disbursement this Period

200.00

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

487.50

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

11187.50



# **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)

PAGE 41 / 43

<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 - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** Nancy Pelosi

Mailing Address 430 S. Capital Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
8th District - CA

Candidate Name  
Nancy Pelosi

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D000005Q1

Date of Disbursement

03 / 25 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Nancy Pelosi

Mailing Address 430 S. Capital Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
8th District - CA

Candidate Name  
Nancy Pelosi

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D30

Date of Disbursement

03 / 25 / 2005

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

10000.00

# **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)

PAGE 42 / 43

<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 - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A. Angelides 2006**

Mailing Address 1331 21st Street

City  
Sacramento

State  
CA

Zip Code  
95814

Purpose of Disbursement  
Primary Election Governor in CA

Candidate Name  
Phillip Angelides

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District:

Transaction ID: O000002Q1

Date of Disbursement

03 / 29 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. BOB FILNER FOR CONGRESS**

Mailing Address P.O. Box 127868

City  
San Diego

State  
CA

Zip Code  
92112

Purpose of Disbursement  
For Congress 2006 Primary

Candidate Name  
Bob Filner

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 51

Transaction ID: D000002Q1

Date of Disbursement

03 / 30 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. ELIOT SPITZER**

Mailing Address 895 Broadway  
5th Floor

City  
New York City

State  
NY

Zip Code  
10003

Purpose of Disbursement  
Governor - NY State

Candidate Name  
Eliot Spitzer

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2005  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District:

Transaction ID: O000001Q1

Date of Disbursement

02 / 25 / 2005

Amount of Each Disbursement this Period

5000.00

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

8500.00

**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)

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<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 - Voice of the Electorate

Full Name (Last, First, Middle Initial)

**A.** ELIOT SPITZER

Mailing Address 895 Broadway  
5th Floor

City State Zip Code  
New York City NY 10003

Purpose of Disbursement  
Governor - NY State

Candidate Name  
Eliot Spitzer

Office Sought: ☐ House  
☐ Senate  
☐ President

State: NY

District:

Disbursement For: 2005  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: O000003Q1

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

13500.00