

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** 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 (12S)
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 2010 through 03 31 2010

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 Mary Mahoney
Signature of Treasurer Electronically Filed by Mary Mahoney Date 09 17 2010

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

Office Use Only **FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

amended statement of organization. To fill in required information.

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		407446.42
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	385294.57									
(c) Total Receipts (from Line 19)	76198.15	76198.15								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	461492.72	483644.57								
7. Total Disbursements (from Line 31)	98350.00	98350.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	363142.72	385294.57								
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)	5000.00									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Office and Professional Employees International Union - Voice of the Electorate

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	33928.00	33928.00
(ii) Unitemized	40095.51	40095.51
(iii) TOTAL (add Lines 11(a)(i) and (ii)	74023.51	74023.51
(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)	74023.51	74023.51
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)	2000.00	2000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	174.64	174.64
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))	76198.15	76198.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	76198.15	76198.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	3050.00	3050.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3050.00	3050.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64400.00	64400.00
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	400.00	400.00
(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))	400.00	400.00
29. Other Disbursements.....	30500.00	30500.00
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))..	98350.00	98350.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	98350.00	98350.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	74023.51	74023.51
34. Total Contribution Refunds (from Line 28(d))	400.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	73623.51	73623.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3050.00	3050.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	2000.00	2000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1050.00	1050.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 42
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial)
John R Akers

Mailing Address 23514 P St

City State Zip Code
Elkhorn NE 68022

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
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C199061

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
RICK ALTIG Jr

Mailing Address 15440 BEL-RED RD

City State Zip Code
REDMOND WA 98052

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
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C199072

Amount of Each Receipt this Period
1248.00

C.

Full Name (Last, First, Middle Initial)
Simon A Arias

Mailing Address 1200 Parkview Ln

City State Zip Code
Broadview Heights OH 44147

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

Name of Employer American Income Life Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C199092

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1848.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 42
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

<p>A. Full Name (Last, First, Middle Initial) James Bailey</p> <p>Mailing Address 367 ADAMS DAIRY PRKWY</p> <p>City State Zip Code BLUE SPRINGS MO 64014</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Income Life Occupation Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 02 / 01 / 2010</p> <p>Transaction ID: C199108</p> <p>Amount of Each Receipt this Period 300.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Yaroslav Bitman</p> <p>Mailing Address 4704 Saratoga Falls Ln</p> <p>City State Zip Code Raleigh NC 27614</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Income Life Occupation Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 02 / 01 / 2010</p> <p>Transaction ID: C199157</p> <p>Amount of Each Receipt this Period 300.00</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Gary Bleier</p> <p>Mailing Address 917A WINDFIELD PL</p> <p>City State Zip Code APPLETON WI 54911</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer American Income Life Occupation Insurance Agent</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 02 / 01 / 2010</p> <p>Transaction ID: C199168</p> <p>Amount of Each Receipt this Period 300.00</p>
---	--

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.	Full Name (Last, First, Middle Initial) Elaina Bosco	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 8300 DELMAR BLVD #311	Transaction ID: C199178
	City State Zip Code ST LOUIS MO 63124	Amount of Each Receipt this Period 300.00
	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 ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) David Cohen	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 5700 WILSHIRE BLVD STE 480	Transaction ID: C199287
	City State Zip Code Los Angeles CA 90036	Amount of Each Receipt this Period 450.00
	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 ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) Micah A. COHEN	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 5700 WILSHIRE BLVD STE 480	Transaction ID: C199289
	City State Zip Code Los Angeles CA 90036	Amount of Each Receipt this Period 450.00
	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 ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.	Full Name (Last, First, Middle Initial) TYRONE ALLEN CONARD	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 15581 ANDOVER HEIGHTS DR	Transaction ID: C199296
	City State Zip Code WOODBIDGE VA 22193	Amount of Each Receipt this Period 300.00
	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 ▼ 300.00

B.	Full Name (Last, First, Middle Initial) Demario M Cooper	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 2624 LAUREL CHERRY ST	Transaction ID: C199308
	City State Zip Code RALEIGH NC 27612	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Income Life Occupation Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

C.	Full Name (Last, First, Middle Initial) Narinder Dhillon	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 637 BRODERICK DR NE	Transaction ID: C199376
	City State Zip Code CEDAR RAPIDS IA 52402	Amount of Each Receipt this Period 300.00
	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 ▼ 300.00

SUBTOTAL of Receipts This Page (optional)	840.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 42
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial) STEVEN DICHIARO		Date of Receipt MM / DD / YYYY 02 / 01 / 2010	
Mailing Address 3337 GRENACHE ST		Transaction ID: C199379	
City GREELEY	State CO	Zip Code 80634	Amount of Each Receipt this Period 900.00
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 ▼ 900.00		

B.

Full Name (Last, First, Middle Initial) Josep A Diecedue, III		Date of Receipt MM / DD / YYYY 02 / 01 / 2010	
Mailing Address 7712 JEFFERSON PL BLVD APTC		Transaction ID: C199382	
City BATON ROUGE	State LA	Zip Code 70809	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C.

Full Name (Last, First, Middle Initial) Barry F Dillah		Date of Receipt MM / DD / YYYY 02 / 01 / 2010	
Mailing Address 4350 STONECREST DR		Transaction ID: C199385	
City ELLIOTT CITY	State MD	Zip Code 21043	Amount of Each Receipt this Period 300.00
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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 12 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

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

Mailing Address 920 OWEN ST NW

City CEDAR RAPIDS State IA Zip Code 52405

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 ▼ 290.00

Date of Receipt: 02 / 01 / 2010
Transaction ID: C199428
 Amount of Each Receipt this Period: 290.00

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

Mailing Address 43107 Ryegate St

City CANTON State MI Zip Code 48187

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 02 / 01 / 2010
Transaction ID: C199451
 Amount of Each Receipt this Period: 240.00

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

Mailing Address 44 BLACK BEAR DR #1228

City WALTHAM State MA Zip Code 02451

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: 02 / 01 / 2010
Transaction ID: C199470
 Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► **830.00**

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

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

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

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.	Full Name (Last, First, Middle Initial) Benjamin A Foti		Date of Receipt MM / DD / YYYY 02 / 01 / 2010		
	Mailing Address 4533 WATERFORD WAY		Transaction ID: C199483		
	City OAKLEY	State CA	Zip Code 94561	Amount of Each Receipt this Period 600.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Income Life Insurance		Occupation Insurance Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

B.	Full Name (Last, First, Middle Initial) Donald Foti		Date of Receipt MM / DD / YYYY 02 / 01 / 2010		
	Mailing Address 4071 PORT CHICAGO HWY ST 200		Transaction ID: C199485		
	City CONCORD	State CA	Zip Code 94520	Amount of Each Receipt this Period 600.00	
	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 ▼ 600.00			

C.	Full Name (Last, First, Middle Initial) Cindy Furer		Date of Receipt MM / DD / YYYY 02 / 01 / 2010		
	Mailing Address 5677 Oberlin Dr Ste 210		Transaction ID: C199507		
	City San Diego	State CA	Zip Code 92121	Amount of Each Receipt this Period 450.00	
	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 ▼ 450.00			

SUBTOTAL of Receipts This Page (optional)	▶	1650.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

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

Mailing Address 38 WINDSOR LN

City State Zip Code
LITTLE SILVER NJ 07739

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	1	/	2	0	1	0

Transaction ID: C199536

Amount of Each Receipt this Period
1200.00

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

Mailing Address 14009 W 30th LN

City State Zip Code
GOLDEN CO 80401

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	1	/	2	0	1	0

Transaction ID: C199556

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Mark R Gorman

Mailing Address 10001 COORS BLVD BYPASS NW #1420

City State Zip Code
ALBUQUERQUE NM 87114

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

Name of Employer American Income Life Occupation Agent

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	1	/	2	0	1	0

Transaction ID: C199561

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1900.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 42
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial)
Arthur J GREENE

Mailing Address 1837 SQUIRREL VALLEY DR

City State Zip Code
BLOOMFIELD HILLS MI 48304

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
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C199571

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Steven Greer

Mailing Address 43 Nocturne Woods PI

City State Zip Code
The Woodlands TX 77382

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

Name of Employer AMERICAN INCOME LIFE INSURANCE Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C199577

Amount of Each Receipt this Period
900.00

C.

Full Name (Last, First, Middle Initial)
Frederick Hadayia Jr

Mailing Address 101 IRON VALLEY DR

City State Zip Code
LEBANON PA 17042

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 ▼ 900.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C199596

Amount of Each Receipt this Period
900.00

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 42
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial) Mark Hancock		Date of Receipt MM / DD / YYYY 02 / 01 / 2010
Mailing Address 12546 WALNUT RIDGE PL		Transaction ID: C199609
City FISHERS	State IN	Zip Code 46038
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
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	

B.

Full Name (Last, First, Middle Initial) Robert Harris		Date of Receipt MM / DD / YYYY 02 / 01 / 2010
Mailing Address 826 ACTON DR		Transaction ID: C199623
City TOLEDO	State OH	Zip Code 43615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer American Income Life	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Steve Hartman		Date of Receipt MM / DD / YYYY 02 / 01 / 2010
Mailing Address 3417 E NORWOOD CIR		Transaction ID: C199628
City MESA	State AZ	Zip Code 85213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer AMERICAN INCOME LIFE INS.	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	2100.00
TOTAL This Period (last page this line number only)	

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

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

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.	Full Name (Last, First, Middle Initial) Rob Hay		Date of Receipt
	Mailing Address 4405 COX RD STE 110		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 1 / 2 0 1 0
	City	State	Zip Code
	GLEN ALLEN	VA	23060
	FEC ID number of contributing federal political committee. C		Transaction ID: C199639
Name of Employer American Income Life		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 750.00

B.	Full Name (Last, First, Middle Initial) Matt M Henderson		Date of Receipt
	Mailing Address 1235 SNUG HARBOR DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 1 / 2 0 1 0
	City	State	Zip Code
	CASSELBERRY	FL	32707
	FEC ID number of contributing federal political committee. C		Transaction ID: C199647
Name of Employer American Income Life		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 750.00

C.	Full Name (Last, First, Middle Initial) Christopher Hernandez		Date of Receipt
	Mailing Address 3003 Douglas Ave #17		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 1 / 2 0 1 0
	City	State	Zip Code
	Dallas	TX	75219
	FEC ID number of contributing federal political committee. C		Transaction ID: C199655
Name of Employer American Income Life		Occupation Insurance Agent	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1800.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 18 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

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

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 American income life Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C201081

Amount of Each Receipt this Period: 280.00

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

Mailing Address 245 Providence Dr

City State Zip Code
Covington GA 30016

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: MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C199672

Amount of Each Receipt this Period: 300.00

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

Mailing Address 4071 PORT CHICAGO HWY Suite 200

City State Zip Code
CONCORD CA 94520

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C199721

Amount of Each Receipt this Period: 600.00

SUBTOTAL of Receipts This Page (optional) ► 1180.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 42
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial) HORACE JOHNSON		Date of Receipt MM / DD / YYYY 02 / 01 / 2010
Mailing Address 12435 BLACK WATER CT		Transaction ID: C199733
City JACKSONVILLE	State FL	Zip Code 32223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) SCOTT KEENEY		Date of Receipt MM / DD / YYYY 02 / 01 / 2010
Mailing Address 4020 RIDGEVIEW LANE		Transaction ID: C199776
City HURRICANE	State WV	Zip Code 25526
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 402.00
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 ▼ 402.00	

C.

Full Name (Last, First, Middle Initial) STEVEN KING		Date of Receipt MM / DD / YYYY 02 / 01 / 2010
Mailing Address 24324 LYNWOOD DR		Transaction ID: C199791
City NOVI	State MI	Zip Code 48374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1002.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A. Full Name (Last, First, Middle Initial)
Samuel G Lasala
Mailing Address 875 WILLIAMS BLVD #1308
City RIDGELAND State MS Zip Code 39157
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 ▼ 208.00
Date of Receipt 02 / 01 / 2010
Transaction ID: C199826
Amount of Each Receipt this Period 208.00

B. Full Name (Last, First, Middle Initial)
Patricia G Lee
Mailing Address 6809 JAKE BARNES CT
City JOHNSTON State IA Zip Code 50131
FEC ID number of contributing federal political committee. **C**
Name of Employer American Income Life Occupation Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 02 / 01 / 2010
Transaction ID: C199839
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Sabrina N Lloyd
Mailing Address 14 HARBOR HILL RD
City GLEN COVE State NY Zip Code 11542
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 ▼ 600.00
Date of Receipt 02 / 01 / 2010
Transaction ID: C201206
Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional) ► 1108.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 21 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

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

Mailing Address N89 W15883 MAIN ST
Suite 101

City State Zip Code
MENOMONEE FALLS WI 53051

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 ▼ 900.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C199901

Amount of Each Receipt this Period
900.00

B. Full Name (Last, First, Middle Initial)
Tim R McAdams

Mailing Address 3645 MARKETPLACE BLVD #130-298

City State Zip Code
EAST POINT GA 30344

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C199930

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mathew R Mealey

Mailing Address 479 Mallard Creek

City State Zip Code
Louisville KY 40207

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

Name of Employer American Income Life Occupation Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C199963

Amount of Each Receipt this Period
202.00

SUBTOTAL of Receipts This Page (optional) ► 1402.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 42
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial)
David T Melcher

Mailing Address 14234 BRIGGS CIR

City State Zip Code
OMAHA NE 68144

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 ▼ 208.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C199968

Amount of Each Receipt this Period
208.00

B.

Full Name (Last, First, Middle Initial)
Carla Miller

Mailing Address 751 JACOBS MILL POND RD #814

City State Zip Code
ELGIN SC 29045

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
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C199985

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Travis P Moody

Mailing Address 509 Mallard Creek Rd

City State Zip Code
Louisville KY 40207

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
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C200006

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **808.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 42
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial) Eric J Neal		Date of Receipt MM / DD / YYYY 02 / 01 / 2010
Mailing Address 1355 Woodside Dr		Transaction ID: C200046
City Arnold	State MO	Zip Code 63010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
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 ▼ 900.00	

B.

Full Name (Last, First, Middle Initial) ALFRED O'CONNOR		Date of Receipt MM / DD / YYYY 02 / 01 / 2010
Mailing Address 4626 Manitou Bay		Transaction ID: C200081
City San Antonio	State TX	Zip Code 78259
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer American Income Life	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) DURHON RENAH R OLDHAM		Date of Receipt MM / DD / YYYY 02 / 01 / 2010
Mailing Address 1995 HARRIS RD		Transaction ID: C200085
City PENFIELD	State NY	Zip Code 14526
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00
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)	2400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 42
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A. Full Name (Last, First, Middle Initial)
ROBERT OLSON, Jr

Mailing Address 26561 W HGHLAND DR

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 ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 1 0

Transaction ID: C200091

Amount of Each Receipt this Period
1200.00

B. Full Name (Last, First, Middle Initial)
Scott J Rehberg

Mailing Address 1153 Thistle Ln

City State Zip Code
Lebanon OH 45036

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 1 0

Transaction ID: C200209

Amount of Each Receipt this Period
240.00

C. Full Name (Last, First, Middle Initial)
Marc E Rosen

Mailing Address 96 Rivington Ave

City State Zip Code
Staten Island NY 10314

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

Name of Employer National Income Life Occupation Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 1 0

Transaction ID: C200261

Amount of Each Receipt this Period
900.00

SUBTOTAL of Receipts This Page (optional) ► **2340.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 42
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial) Paul D Rumbuc		Date of Receipt <table border="1" style="font-size: small;"> <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>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	1		2	0	1	0													
Mailing Address 3570 MAGNOLOIA CT		Transaction ID: C200279																				
City OAKLAND TOWNSHIP	State MI	Zip Code 48363																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>1200.00</td></tr> </table>	1200.00																			
1200.00																						
Name of Employer American Income Life	Occupation Agent																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>1200.00</td></tr> </table>	1200.00																				
1200.00																						

B.

Full Name (Last, First, Middle Initial) Robert E Shafer		Date of Receipt <table border="1" style="font-size: small;"> <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>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	1		2	0	1	0													
Mailing Address 221 LENOX PL		Transaction ID: C200338																				
City GOODLETTSVILLE	State TN	Zip Code 37072																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>202.00</td></tr> </table>	202.00																			
202.00																						
Name of Employer American Income Life	Occupation Agent																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>202.00</td></tr> </table>	202.00																				
202.00																						

C.

Full Name (Last, First, Middle Initial) BETH SNOW		Date of Receipt <table border="1" style="font-size: small;"> <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>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	1		2	0	1	0													
Mailing Address 1909 WESTOVER DR		Transaction ID: C200387																				
City PLEASANT HILL	State CA	Zip Code 94523																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>240.00</td></tr> </table>	240.00																			
240.00																						
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 ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>240.00</td></tr> </table>	240.00																				
240.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"> <tr><td>1642.00</td></tr> </table>	1642.00
1642.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 42
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial) Curt D. Snow		Date of Receipt MM / DD / YYYY 02 / 01 / 2010
Mailing Address 827 BUCKINGHAM PLACE		Transaction ID: C200388
City DANVILLE	State CA	Zip Code 94506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer American Income Life Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) Scott Sonnenberg		Date of Receipt MM / DD / YYYY 02 / 01 / 2010
Mailing Address 2321 HENNEPIN DR		Transaction ID: C200396
City SAINT LOUIS	State MO	Zip Code 63114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer american income life	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Christopher Stephens		Date of Receipt MM / DD / YYYY 02 / 01 / 2010
Mailing Address 1466 SANTA TERESA DR		Transaction ID: C200418
City PITTSBURG	State CA	Zip Code 94565
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer American Income Life Insurance	Occupation Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	780.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 42
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial)
James Surace

Mailing Address 12301 RIDGE RD

City State Zip Code
CLEVELAND OH 44133

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

Name of Employer American Income Life Occupation Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C200437

Amount of Each Receipt this Period
1248.00

B.

Full Name (Last, First, Middle Initial)
RANDY E TEYSSIER

Mailing Address 200 HOWLEY CT

City State Zip Code
IRVING TX 75063

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
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C200466

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dustin W Venekamp

Mailing Address 751 Roosevelt Rd Ste 212

City State Zip Code
Glen Ellyn IL 60137

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
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: C200533

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 2048.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 42

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial)

RODNEY WARD

Mailing Address 18944 EMIT RD

City State Zip Code
BROWNSTOWN MI 48192

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

Name of Employer Occupation
American Income Life Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 1 0

Transaction ID: C200561

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Robert G Whittinghill

Mailing Address 5677 OBERLIN DR STE 210

City State Zip Code
SAN DIEGO CA 92121

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

Name of Employer Occupation
American Income Life Insurance Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 1 0

Transaction ID: C200595

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

CYNTHIA WILHELMI

Mailing Address 300 45Th St Sw Ste 135

City State Zip Code
Fargo ND 58103

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

Name of Employer Occupation
American Income Life Insurance Agent

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 1 0

Transaction ID: C200597

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 42
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial) Gary D Williams		Date of Receipt MM / DD / YYYY 02 / 01 / 2010	
Mailing Address 531 STILLWATER DR NW		Transaction ID: C200602	
City MARIETTA	State GA	Zip Code 30064	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Income Life	Occupation Agent		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B.

Full Name (Last, First, Middle Initial) Thomas B Williams		Date of Receipt MM / DD / YYYY 02 / 01 / 2010	
Mailing Address 10246 SW 22nd PL		Transaction ID: C200606	
City DAVIE	State FL	Zip Code 33324	Amount of Each Receipt this Period 600.00
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 ▼ 600.00		

C.

Full Name (Last, First, Middle Initial) David Zophin		Date of Receipt MM / DD / YYYY 02 / 01 / 2010	
Mailing Address 101 GROUSE HILL RD		Transaction ID: C200656	
City GLASTONBURY	State CT	Zip Code 06033	Amount of Each Receipt this Period 600.00
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 ▼ 600.00		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	33928.00

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

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

FOR LINE NUMBER: PAGE 30 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A. Full Name (Last, First, Middle Initial)
Opeiu Local No. 153

Mailing Address 265 W 14th St
Ste 612

City State Zip Code
New York NY 10011-7179

FEC ID number of contributing federal political committee. **C** C00008896

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 6 / 2 0 1 0

Transaction ID: C195871

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	2000.00

A. Form/Schedule : **SA15**

Refund of contributions made to OPEIU Local 153

Transaction ID : **C195871**

**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 32 / 42

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial)

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: 2010
 Primary General
 Other (specify) ▼

State: District: O

Transaction ID: D579

Date of Disbursement

02 / 26 / 2010

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

3000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

<p>A. Full Name (Last, First, Middle Initial) 7745 Carondelet Ave.</p> <p>Mailing Address Suite 300</p> <p>City Saint Louis State MO Zip Code 63105</p> <p>Purpose of Disbursement U.S Senate</p> <p>Candidate Name Robin Carnahan</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D584 Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CHET EDWARDS FOR CONGRESS</p> <p>Mailing Address PO Box 23273</p> <p>City WACO State TX Zip Code 76702</p> <p>Purpose of Disbursement TX 17th Congressional District</p> <p>Candidate Name CHET EDWARDS FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D567 Date of Disbursement 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Ciro Rodriguez for Congress</p> <p>Mailing Address 6108 S. Flores Street PQB 14528</p> <p>City San Antonio State TX Zip Code 78214</p> <p>Purpose of Disbursement TX - 23rd Congressional District</p> <p>Candidate Name Ciro Rodriguez for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D573 Date of Disbursement 02 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12400.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

<p>A. Full Name (Last, First, Middle Initial) Dan Maffei</p> <p>Mailing Address P.O. Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement 25th District - N.Y.</p> <p>Candidate Name Dan Maffei</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D583 Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign</p> <p>Mailing Address 430 S Capitol St SE</p> <p>City Washington State DC Zip Code 20003-4024</p> <p>Purpose of Disbursement 2010 Memebrship Contribution</p> <p>Candidate Name Democratic Congressional Campaign</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D564 Date of Disbursement 01 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 120 Maryland Avenue, NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2010 Membership Contribution</p> <p>Candidate Name Democratic Senatorial Campaign Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D562 Date of Disbursement 01 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

31000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.	Full Name (Last, First, Middle Initial) Dennis Cardoza	Transaction ID: D570 Date of Disbursement 02 / 12 / 2010
	Mailing Address 222 M Street Suite 305	Amount of Each Disbursement this Period 500.00
	City Merced State CA Zip Code 95340	
	Purpose of Disbursement 18th Congressional District CA Primary	Category/ Type
	Candidate Name Dennis Cardoza	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Garamendi 2010	Transaction ID: D574 Date of Disbursement 02 / 23 / 2010
	Mailing Address attn: Betty Downing C/O Calif. Polit. Law, Inc	Amount of Each Disbursement this Period 1000.00
	City Long Beach State CA Zip Code 90807	
	Purpose of Disbursement 10th Congressional District - CA	011 Category/ Type
	Candidate Name Garamendi 2010	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jerry McNerney	Transaction ID: D569 Date of Disbursement 02 / 12 / 2010
	Mailing Address 6520 Village Parkway 2nd Floor	Amount of Each Disbursement this Period 1000.00
	City Dublin State CA Zip Code 94568	
	Purpose of Disbursement 11th Congressional District CA Primary	011 Category/ Type
	Candidate Name Jerry McNerney	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.	Full Name (Last, First, Middle Initial) Kendrick Meek	Transaction ID: D566 Date of Disbursement 01 / 25 / 2010
	Mailing Address 111 NW 183rd St. Ste.325	Amount of Each Disbursement this Period 5000.00
	City Miami State FL Zip Code 33169	
	Purpose of Disbursement U.S Senate Florida General 2010	
	Candidate Name Kendrick Meek	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District:	

B.	Full Name (Last, First, Middle Initial) Martha Coakley	Transaction ID: D559 Date of Disbursement 01 / 05 / 2010
	Mailing Address 529 Main Street	Amount of Each Disbursement this Period 5000.00
	City Charlestown State MA Zip Code 02129	
	Purpose of Disbursement The Martha Coakley for Senate Committee	011
	Candidate Name Martha Coakley	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MA District:	

C.	Full Name (Last, First, Middle Initial) Martha Coakley	Transaction ID: D556 Date of Disbursement 01 / 05 / 2010
	Mailing Address 529 Main Street	Amount of Each Disbursement this Period 5000.00
	City Charlestown State MA Zip Code 02129	
	Purpose of Disbursement The Martha Coakley for Senate Committee	011
	Candidate Name Martha Coakley	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MA District:	

SUBTOTAL of Disbursements This Page (optional)	15000.00
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 37 / 42

<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

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A. Full Name (Last, First, Middle Initial) Ted Deutch for Congress <hr/> Mailing Address 20423 State Road 7 Suite F6-383 <hr/> City Boca Raton State FL Zip Code 33498 <hr/> Purpose of Disbursement 19th Congressional District - FL Candidate Name Theodore Deutch <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D575 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) The Mesabi Fund <hr/> Mailing Address P.O.Box 77693 <hr/> City Washington State DC Zip Code 20013 <hr/> Purpose of Disbursement Contribution Candidate Name Jim Oberstar <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D576 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

64400.00

**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 38 / 42

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Office and Professional Employees International Union - Voice of the Electorate

A.

Full Name (Last, First, Middle Initial)

John West

Mailing Address 815 N Sand Branch Rd

City State Zip Code
Mount Hope WV 25880

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: D647

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

400.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.	Full Name (Last, First, Middle Initial) Chavez Thompson	Transaction ID: D561 Date of Disbursement 01 / 12 / 2010
	Mailing Address P.O.Box 6719	Amount of Each Disbursement this Period 12000.00
	City San Antonio State TX Zip Code 78209	
	Purpose of Disbursement LT Governor - TX Candidate Name Linda Chavez-thompson	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Chavez Thompson	Transaction ID: D571 Date of Disbursement 02 / 12 / 2010
	Mailing Address P.O.Box 6719	Amount of Each Disbursement this Period 5000.00
	City San Antonio State TX Zip Code 78209	
	Purpose of Disbursement LT Governor - TX Candidate Name Linda Chavez-thompson	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chavez Thompson	Transaction ID: D580 Date of Disbursement 03 / 11 / 2010
	Mailing Address P.O.Box 6719	Amount of Each Disbursement this Period 10000.00
	City San Antonio State TX Zip Code 78209	
	Purpose of Disbursement LT Governor - TX Candidate Name Linda Chavez-thompson	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	27000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A.	Full Name (Last, First, Middle Initial) Charles Murphy	Transaction ID: D577 Date of Disbursement
	Mailing Address P.O.Box 702	<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Burlington State MA Zip Code 01803	Amount of Each Disbursement this Period
	Purpose of Disbursement State Representative MA Candidate Name	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) John Perez	Transaction ID: D591 Date of Disbursement
	Mailing Address 1100 O Street Suite 200	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement 68th Speaker of the CA Assembly Candidate Name	<input type="text" value="2000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value=""/> Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Robert DeLeo	Transaction ID: D581 Date of Disbursement
	Mailing Address PO Box 520456	<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City Winthrop State MA Zip Code 02152	Amount of Each Disbursement this Period
	Purpose of Disbursement State Representative-MA Candidate Name Robert DeLeo	<input type="text" value="500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A. Full Name (Last, First, Middle Initial) San Diego-Imperial Counties Labour Counties COPE Fund Mailing Address 3717 Camino Del Rio South City San Diego State CA Zip Code 92108 Purpose of Disbursement San Diego City Council D 4 Candidate Name San Diego-Imperial Counties Labour Counties COPE Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D585 Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2010
	Amount of Each Disbursement this Period 500.00
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

B. Full Name (Last, First, Middle Initial) Tony Young Mailing Address 202 C Street City San Diego State CA Zip Code 92101 Purpose of Disbursement San Diego City Council District 4 Candidate Name	Transaction ID: D572 Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2010
	Amount of Each Disbursement this Period 500.00
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

C. Full Name (Last, First, Middle Initial) Tony Young Mailing Address 202 C Street City San Diego State CA Zip Code 92101 Purpose of Disbursement voided check Candidate Name	Transaction ID: D586 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2010
	Amount of Each Disbursement this Period -500.00
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	30500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Office and Professional Employees International Union - Voice of the Electorate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Hillary Clinton for President

Nature of Debt (Purpose):
Retire Debt

Mailing Address 420 Lexington Avenue
Suite 3030

City State ZIP Code
New York NY 10170

Outstanding Balance Beginning This Period

5000.00

Transaction ID: D345

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

5000.00

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

5000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

5000.00